First Call for Children

'The essential needs of children should be given priority in bad times as well as good' — Plan of Action, World Summit for Children

A steady stream of small miracles

UNICEF 1480/Sprague

The tendency to divide the world into two categories — industrialized and developing — hinders our ability to see the advances taking place all around us. Witness the Asian 'tigers', the countries that seemed to develop overnight but whose successes actually resulted from a long series of gradual advances. The same is happening in many other countries around the world.

There's Haiti, vaccinating almost all its children despite the ravages of civil conflict and economic embargo. There's the Lao People's Democratic Republic, iodizing 80 per cent of its salt just two years after a survey revealed the extent of its iodine deficiency problem. There's the Somali village fighting to end female genital mutilation and the Nicaraguan youth groups campaigning for child rights. And there are the many countries achieving the mid-decade goals, despite the obstacles of structural adjustment programmes, political upheaval and deeply entrenched poverty.

These are the small miracles that add up to development.

Participants in the Fourth World Conference on Women in Beijing, both the official Conference and the NGO Forum, were part of another kind of miracle: women of vastly different backgrounds and beliefs joining together to battle the worldwide status quo that deprives half the population of its human rights. Their voices will continue to be heard.

The challenge is to recognize the small miracles taking place in our midst — and then to aid and abet them.

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United Nations Children's Fund

Measles

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even worse. Coverage dwindled from 7 per cent in 1991 to 4 per cent in 1992.

An epidemic from June 1991 to January 1994 made measles the second largest child killer in Haiti. The death rate from the epidemic was especially high because of the privations resulting from the ongoing emergency. Death rates as high as 14 per cent of measles cases were recorded in hospitals.

A November 1993 study by Harvard University researchers firmly blamed the epidemic on the breakdown in immunization coverage. The study cited four specific factors: organizational disarray, population movement, lack of vaccines in remote areas and the collapse of the cold chain.

The population movement was stabilized by the return to democracy in October 1994. The campaign helped to overcome the other problems cited, said Ms. Sibanda-Mulder. Organizational problems characterized by lack of structure and low morale were overcome with strengthened services and highly motivated personnel.

One of the key solutions to the logistical and supply problems was a government strategy to establish storage and distribution units (USDs) around the country. These units, which provide refrigerators at health posts, serve to strengthen and decentralize the cold chain.

The 50 USDs also stock and distribute iron supplements for pregnant women, oral rehydration salts and vitamin A capsules. The communities chose the sites for the USDs, strengthening their sense of 'ownership'.

"The USDs have put refrigerators in places that never had them before," said Ms. Sibanda-Mulder. They are now a permanent part of the health infrastructure, thus enabling ongoing vaccination activities rather than just periodic campaigns.

As soon as the sites were chosen, health workers were trained in vaccination skills as well as social mobilization. As the campaign got under way, one problem that emerged was some workers' lack of familiarity with the new, one-use 'soloshot' syringe. As a result, vaccine wastage was higher than anticipated.

Disposal of the syringes was another problem. After using the syringes, workers were supposed to put them in special disposal boxes and burn them. Some staff, though, took the boxes home because they found them attractive, increasing the possibility that used syringes were not properly disposed of. Jama Gulaid, Health Project Officer at UNICEF headquarters in New York, praised the conscientious follow-up of staff that revealed such problems. "The fact that they listened to the staff and documented unintended use of the disposal boxes is an indication of excellent field supervision," he said.

There are now strong indications that the under-five mortality rate, which was 137 per 1,000 in 1991, is beginning to fall. "We need to continue immunization activities to maintain coverage at acceptable levels for about two more years through the regular programme," said Ms. Sibanda-Mulder. "Then we can start talking about eradication."

Monique Clesca is Information Officer for UNICEF Haiti.

UNICEF-93-1714 Lemoyne

The woman at left suffers from extreme goitre, one of the iodine deficiency disorders prevented by salt iodization. The mid-decade goal of universal iodization of salt is expected to be achieved by 1996.

Mid-decade goals

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Oral rehydration therapy

Mid-decade goal: Achieving 80 per cent ORT use, as part of the effort to control diarrhoeal disease.

In the 1970s, ORT use was 1 per cent. In 1985 it was 17 per cent, and in 1994, 57 per cent. My guess is that by the end of this year, we'll be at 70 per cent. If the trend continues we'll reach the target by 1996.

ORT is much tougher to achieve than immunization. The first action starts at home, in the hands of the parents; the behavioural change must be there. But because it is more people-based and doesn't need an infrastructure like immunization, its use is much more even.

There are four or five outstanding countries. Mexico leads the scene. In the 1990s, cholera re-emerged in Latin America. It was clear the infrastructure to provide clean water and sanitation couldn't be improved in time to prevent an epidemic, so the country went to ORT. Mexico trained the whole country, household by household. From 1990 to 1993, the diarrhoea death rate fell 50.2 per cent. Bangladesh has also had outstanding success; it's at 91 per cent ORT usage. China has 84 per cent usage.

Salt iodization

Mid-decade goal: Universal iodization in countries affected by iodine deficiency disorders.

We have been working on vaccines and ORT for a long time. In terms of newer efforts, salt iodization is the 'universal child immunization' effort of the 1990s. The whole world has started legislating against imports or exports of uniodized salt.

My feeling is that by the end of this year, 75 to 80 per cent of the world's salt will be iodized. For example, in March, Lebanon had 10 per cent of its salt iodized. In August, it was 85 per cent. Cameroon is now 100 per cent. We should finish off universal salt iodization by 1996.

This achievement has happened through political will. Cretinism has been with us always, and goitre, but these things never moved people to control iodine deficiency disorders. But recently we have learned that IDD lowers IQs (intelligence quotients) by up to 13 points. The leaders are shocked and concerned that their children will not be able to compete intellectually with children in other countries.

Convention on the Rights of the Child

Mid-decade goal: Universal ratification.

We have 181 ratifications [as of early November 1995]. There are still 10 countries left. It is a goal that can be achieved universally. I hope all countries can ratify — it will then be the only human rights treaty ever ratified by all countries.

Vitamin A

Mid-decade goal: Virtual elimination of vitamin A deficiency.

Recent studies have shown that lack of vitamin A can double the death rate from diarrhoea, pneumonia and measles, as well as cause blindness. To eliminate deficiencies, people can eat green leafy vegetables, but this method takes years to have an effect. One solution is vitamin A capsules or drops, which can be given starting at the age of nine months. You need two doses a year, but you have to do this year in and year out. Sustainability has not always been easy.

I think a good solution is food fortification. In Guatemala, for example, they have fortified sugar with vitamin A. I think this is a good solution, because everyone eats a little sugar, and fortifying sugar only costs 17 cents a person each year. The trick is to promote the vitamin A without promoting the sugar. Other foods can also be fortified, such as cooking oil or maize meal, so long as it is a food consumed by the poor. We will achieve this goal not in 1995 but in 1996.

Baby-friendly hospital initiative

Mid-decade goal: Ending distribution of free or low-cost breastmilk substitutes in all maternity units and hospitals; achievement of baby-friendly status for all major hospitals.

The global target set by WHO and UNICEF was 1,000 baby-friendly hospitals by mid-decade. In July 1995, the figure had already reached 3,995 hospitals and it will exceed 4,000 by the end of this year. China alone will have 1,000 baby-friendly hospitals, and Mexico will have 600. The Philippines has already designated 667 hospitals baby-friendly instead of the original 612 targeted.

There are two parts to BFHI: the 10 steps; and stopping distribution of breastmilk substitutes. The challenge with the second part is compliance with the government action to ban the practice. The Philippines is doing the best in this area. In Burkina Faso, I saw a remarkable baby-friendly hospital in the countryside. This is important, because hospitals are status symbols and therefore they tend to set precedents.

Guinea worm disease

Mid-decade goal: Virtual elimination.

The target is to reduce disease incidence by 95 per cent from 1985 levels. I think it will be achieved. It is down to about three countries — Niger, Nigeria and the Sudan — with about 110,000 cases altogether, and another 50,000 cases scattered in other countries. That is compared to 3 million cases in 1985. In the first four months of 1995, global cases were reduced by 40 per cent compared to the same period in 1994.

One year can make a difference, if you can educate people not to drink the polluted water and if you can keep infected people away from the water and filter the drinking water.

The effort to eliminate guinea worm disease has spawned its own movement. In Cameroon, for instance, people give embroidered filter cloths as bridal presents. In Mauritania, they have invented a plastic drinking tube with a filter fixed in one end.

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My greatest satisfaction is the extent to which children have become a mobilizing force. Working towards these goals has given countries something concrete to do. The goals are not a replacement for doing other things, but they have helped to raise money that otherwise would not have been available.

All the countries have done something they can be proud of. Achieving the goals has a direct benefit, but they have also built up momentum. The World Summit set 27 goals, but we have addressed only 10. I hope the countries will build on this momentum to address bigger problems. I hope people do not let it end there.

Malaria vaccine trial proves disappointing

A recent trial of the new SPf66 malaria vaccine, organized in the Gambia by the London School of Hygiene and Tropical Medicine, produced disappointing results.

The vaccine was shown to provide no significant protection against malaria in 547 children under one year who were given three doses, although 98 per cent of them did develop antibodies to the malaria parasite.

Extensive clinical testing and field trials of the vaccine in South America established the safety of the vaccine and showed that it gave partial protection to both adults and children. However, it was important to test it in Africa, which accounts for 90 per cent of the world's annual deaths from malaria.

The World Health Organization (WHO) hopes that eventually some form of malaria immunization can be given routinely to children in Africa as part of regular vaccinations.

"This was one of the main reasons for testing it on children under one," said Dr. Howard Engers of WHO's Tropical Disease Research Programme. "The results represent a set-back and a disappointment, although the epidemiological situation in the Gambia is very different from previous trials of the vaccine."

SPf66 was developed by a Colombian scientist, Dr. Manuel Patarroyo, who in May granted WHO an exclusive, royalty-free licence to develop, manufacture, distribute and sell the vaccine.

Every year malaria kills more than 1 million people and infects 100 million more. In 1992, WHO admitted the failure of eradication campaigns begun in the 1950s and began to concentrate on control.

From an' 's report.

The UNICEF prescription

A strategic vision for health

By Catharine Way

In recognition of recent political and economic shifts and the need to focus on outcomes rather than services provided, UNICEF has formalized and revised its health strategy. The strategy has been refined in the context of the need for a strategic health vision focused on the family and the community. It puts new emphasis on the well-being of young people and women in response to the growing awareness of the links between the health of children, adolescents and women, including their reproductive health.

"The family is the place where health and development are assured, achieved and maintained," said Dr. Agostino Paganini, Principal Adviser for Health Systems Development. "We want to work not by project or disease, but to support the family, the community and the society."

Good health even in poverty

Underlying the strategy is the belief that good health is possible even in the presence of relative poverty, given enlightened policies and healthy values and practices. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women are the 'Magna Carta' underlying the strategy, said Dr. Paganini.

The focus on adolescent health comes in response to UNICEF's commitment to children (defined in the Convention on the Rights of the Child as people up to 18 years old) and the reality that teenagers' health profoundly influences their development as adults. The devastating impact of HIV/AIDS on young people has also necessitated increased attention to this age group.

Women's health is being addressed from the perspective of the goal, established at the World Summit for Children, to reduce the maternal mortality rate by half between 1990 and the year 2000.

"The information we have suggests that the maternal mortality rate has not declined," said Dr. France Donnay, Senior Adviser on Women's Health. UNICEF efforts in this area will be guided by the principles affirming women's right to the highest standard of health, including reproductive health, as articulated in the past year at the conferences on population and development (in Cairo) and on women (in Beijing).

Unchanged is UNICEF's commitment to assisting governments in addressing the major preventable causes of children's ill-health and death, especially in terms of the goals established at the World Summit for Children in 1990.

To bring the strategy to life, UNICEF will use the potent tools of advocacy and programming. In addition to advocating for values and policies that help families and communities improve their well-being, UNICEF will support activities that address the complexities of health improvement — not all of them limited to the health sector.

"Education, especially of girls and women, is the most important factor in reducing child mortality," said Dr. Paganini. "Similarly, programmes aimed at ensuring safe water, food security, income generation, access to credit — all have a direct effect or health."

The strategy has three components: health promotion, provision of essential services and health monitoring.

Health promotion aims to strengthen the capacities of individuals and societies to improve their well-being. It requires developing more supportive environments for healthy lifestyles, particularly in regard to sexual health, and sometimes includes revising the focus of health services. UNICEF assistance will be geared towards strengthening the ability of communities and families to determine priorities and act on them, such as bridging the gap between knowledge and use of oral rehydration therapy. Health promotion activities will include a focus on youth, taking into account their interrelated health needs.

"We are focusing on a number of behaviour-related problems, including violence and substance abuse, poor nutrition and early pregnancy, which are often linked and which grow out of the common soil of poverty and powerlessness," said Dr. Bruce Dick, Senior Adviser on Youth Health. "We have to help young people acquire the information and skills to address these problems, to increase their access to youth-friendly services and to make sure they have a safe and supportive environment — all of which are basic rights."

The declining availability of essential services has led many people to seek health care outside the formal health system. What they receive is often expensive and of dubious quality. UNICEF will therefore assist governments to strengthen their capacity to ensure universal availability of essential health services, both preventive and curative.

One area that should reap particular benefit from this element of the strategy is reproductive health. Maternal death rates have remained high, even while infant mortality rates have fallen, because deaths associated with pregnancy and child-bearing are less responsive to the reatively simple, preventive strategies that have so effectively reduced infant mortality. Most pregnancy-related deaths result from a lack of essential obstetric services.

Access to health services

"To prevent these deaths, women must have access to health services that are adequately staffed and equipped to treat emergencies during pregnancy and childbirth," said Dr. Donnay, and both village health workers and families must know

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UNICEF 93-1090/Shiz Ihtz

Community participation in basic health programmes is a key goal of UNICEF's new health strategy. Here, a Burundian man guesses the correct answer to a community-wide quiz as part of a health promotion activity.

Soul City: A TV programme 'edu-tains' 8 million South Africans

Ali is positive that the colostrum that comes into a mother's breasts before breastmilk is bad for babies and should be discarded. He is so sure that he makes a bet on it. When a doctor in the local clinic corrects him, Ali has two problems: his wounded pride and his empty wallet.

He may be just a television character, but to 8 million South Africans, Ali and his problems are as real as the next-door neighbour. That is how *Soul City*, a prime-time television drama airing on South Africa's most popular station, is educating its viewers: first it pulls them in with captivating entertainment, then it teaches them something useful.

Soul City is visible proof of the importance and success of health promotion. Conceived by Garth Japhet, a visionary young doctor working in a Johannesburg clinic, the show is reaching almost half of South Africa's adult black population of 17 million, giving practical lessons helpful to daily life.

"Let us say someone else's baby has diarrhoea, is vomiting or even suffers a burn," said a woman viewer. "Having watched *Soul City*, I am in a better position to advise her how to treat the child."

The programme is the ultimate result of an incident in the clinic where Dr. Japhet was working. "A woman brought in her child, who was dying from dehydration," he said. "She lived next to the clinic, and I kept thinking about why she hadn't brought him in sooner." He eventually came to the conclusion that it was because the advantages of using the clinic were not apparent.

People taking charge

The aim of *Soul City*, therefore, is to make people aware of how they can benefit by taking charge of those aspects of their lives that are under their control — going for antenatal care, using oral rehydration therapy, preventing accidents in the home. The drama keeps viewers interested and therefore open to the educational messages.

The low-income urban women who make up the primary target audience are no strangers to the programme's setting: a lively shanty town where people face daily victories and set-backs as they struggle to get ahead in life. Health and development concepts are woven into the drama, with each episode reiterating one key message. Extensive research with

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A Somali community acts to end female genital mutilation

By Julia Spry-Leverton

Until recently, the radical form of female genital mutilation (FGM) in which a young girl's clitoris and labia are cut away and the wound is closed with a thorn was thought to be almost universal in Somalia. But in one community, Luuq, a small town in the east of the country's central section, a radical alteration in attitudes and practices has come about during the last three years with the cooperation of all sectors of the community, including the religious leaders.

UNICEF 93-0632/Press

The vast majority of Somali females face FGM.

The change in sentiment is embodied in a statement known as the 'Luuq Declaration' (*see box, page 4*). The Declaration was issued at the end of a training session for traditional birth attendants (TBAs) given by African Medical and Research Foundation (AMREF), an NGO, in October 1994. Twenty-two TBAs participated in a two-week workshop covering the fundamental aspects of their work, antenatal care and delivery of babies.

The maternal mortality rate in Somalia (estimated in 1991 at 11 per 1,000 live births, one of the highest in the world, and probably higher now) reflects how crucial is the need to improve the capabilities of TBAs. And in Somalia's continuing civil crisis, where centralized organization of health care has broken down, local initiatives are vital.

At the beginning of the workshop, the participants discussed the various activities of a TBA. They agreed that "discouraging harmful practices such as FGM" should be number 10 out of 16 duties.

Topping the list were visiting pregnant women and raising awareness about available clinic and hospital services. However, according to Zahra Ali, a nurse/midwife and AMREF coordinator for the workshop, as the participants worked through each day's agenda, the harmful impact of FGM on women's sexual and reproductive health was made all too obvious.

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Soul City

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both health care experts and potential viewers went into creating *Soul City*.

"I cannot overemphasize the importance of research," said Dr. Japhet.

The first 13 segments, which aired from August to October 1994, emphasized eight topics: safe motherhood; breastfeeding; infant nutrition; immunization; diarrhoea; respiratory illness; child abuse; and accidents. Sub-themes included empowerment of women and communities, HIV/AIDS awareness and social issues such as parenting and nation building.

A companion radio programme, a daily 15-minute drama called *Healing Hearts*, airs on the country's three biggest radio stations. The radio series aims to reach both urban and rural audiences.

Although the electronic media effectively convey broad messages, they cannot hold audience interest while dwelling on specifics. To reinforce the programme's messages, a 32-page colour booklet, illustrated with characters from the TV series, provides more detailed information. It was serialized in major newspapers throughout the country while the TV series was airing. Additional copies are distributed through clinics and petrol stations.

An evaluation underscored the programme's success in health promotion. It found that 20 per cent of people exposed to *Soul City* in TV, radio or print form had used the information they learned from it. Of those, 60 per cent had changed their behaviour. Extrapolating those percentages to the total South African black population suggests that close to 1 million people have changed their behaviour as a result of *Soul City*.

Results of the evaluation also underscored the hunger for practical information. Viewers specifically mentioned the health information as one of the programme's appeals. In fact, 43 per cent of the respondents said they would not watch such a programme if it did not provide health information.

South Africa is in an enviable position for communicating health promotion messages through the media, with 97 per cent of its people having access to radio, 76 per cent to television and 55 per cent to newspapers. But access is not enough. Dr. Japhet is also canny about exploiting the visual medium.

"You have to reach the maximum audience — it has to be prime time if you are to use television effectively," he said. "You have to have a balance of education and entertainment, and you have to make use of the multimedia synergy" by using printed materials to reinforce the messages conveyed visually.

The popular appeal of *Soul City* has also won commercial support. As a result, the share of donor funding is expected to drop as more commercial sponsors come on board. (UNICEF has contributed US$100,000 out of a total budget of $2.1 million.)

Thandi, what must I do? She has just burnt her arm with boiling water.
Quickly put her arm in cold water, Ali. We must take her to the clinic if it looks bad.

Informative messages featuring characters from South Africa's popular television drama, *Soul City*, appear in the 32-page health handbook adapted from the show.

Two more series of *Soul City* are scheduled, one to be launched in July 1996, the other in July 1997. The next series will concentrate on HIV/AIDS, tuberculosis, smoking, housing and banking. *Soul City* is also scheduled to be broadcast in Botswana, Kenya, Namibia, Zambia and Zimbabwe.

"The possibilities for using entertainment and media to improve health are far reaching, and *Soul City* shows the way," said Warren Feek, Health Communication Officer at UNICEF headquarters in New York. "The principles are universal, although they may take different shapes and forms in different places. This is a growing area for UNICEF."

Ending FGM in a Somali community

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"The problem starts with the thorns," said Habiba, a nurse, describing how a cycle of infection can begin. Then it is worsened by the blood loss at the time FGM is performed and on re-cutting to allow intercourse at marriage, and for childbirth. A UNICEF report refers to the consequences of FGM in Somalia as one of the major causes of maternal morbidity and mortality, along with nutritional deficiencies, limited access to health care and inadequate health information.

In Luuq, these facts are openly acknowledged — not only by health workers and women, but also by the men at the highest level of decision-making in the community.

"We believe that the practice damages health and causes problems," says Assistant District Commissioner Sheikh Omar. "It is a cultural, not a religious, practice." The belief that nothing in the Koran says this procedure is required of women is part of the teaching coming from Luuq's mosque, where the *imams* (religious leaders) belong to the strictest Islamic fundamentalist sect.

Luuq came under the authority of the Islamic Association, headed by Sheikh Mohamed Yusuf, in August 1992 and has represented an oasis of order in Somalia's virtually lawless desert ever since. Carrying arms and consuming tobacco, alcohol or narcotics are banned. Women are required to cover themselves with long garments and wear headdresses, which in many cases reveal only the eyes.

It is the strict interpretation of Koranic law, in which there is no mention of female circumcision, that has led to the public statements in Luuq discouraging the practice. The Assistant District Commissioner says an education campaign started with religious instruction from the mosque and now covers schools and health facilities, as well as public meetings where the *imam* and the District Commissioner speak out.

Their policy is that the drastic form of FGM (known as Pharaonic) is unnecessary and unacceptable, but that a token bleeding from the clitoris by means of pricking, not cutting, could be used as an alternative ceremonial rite of passage.

Luuq's influential Islamic Women's Association fully supports the policy. "We now know there is no benefit — and we are all aware of the damage done by FGM," says Association President Arfi Biikhi Humdubay. "We have suffered, but we have decided our daughters and granddaughters will not." Representing the female leaders in the community, the Association's voice is a powerful one in setting an example.

Now that the men have spoken out, the women's fear that their daughters will never find husbands must be dispelled. Ms. Humdubay admits that overcoming this prejudice will take years. It will not be an easy transition for their society as the first generation of young women raised under this teaching approach marriageable age in the next 10 years.

A cohesive role

The Women's Association has a cohesive role to play in a community broken apart by the civil war. The majority of Luuq's women are struggling, having arrived in the town after fleeing the fighting. Many do not know whether their husbands are refugees or dead.

The Association helps them with literacy and skills training to give them a chance of earning money and also provides health care advice and continuously spreads the message decrying FGM. Fatume Haja Ali, a member, says, "Working as a group gives us confidence to stand together on this issue."

Eradication of FGM rests in the hands, literally, of the TBAs. In Luuq town and outlying villages, it is they who have always performed the practice and who will come under pressure in future from those determined to flout the new teaching.

It is frequently a young girl's grandmother who insists, sometimes without the parents' knowledge, that FGM be done. The TBAs are paid by the families, usually in goods, for their work. Since the Declaration, the TBAs in Luuq say they will resist all coercion.

The Luuq Declaration on Female Genital Mutilation

We, the 22 TBAs of the first AMREF TBA training in Luuq District, resolve that:

1. We all refuse the performance of FGM on the girls of our community.

2. Should our community members insist on the practice, we shall perform the method known as 'sunna', which involves a small prick to bleed the clitoris (not to cut it).

3. We recognize the dangers of FGM and the problems and suffering we bring to innocent girls. We will continue to condemn the practice.

Improving TBAs' skills in safe delivery, here and at other locations in Somalia, will also serve to enhance their community standing. At the AMREF workshop, the TBAs were taught how to make up a delivery kit containing soap, cord ligatures, cotton wool and a new razor blade.

"Something so simple is yet a major advance," comments Ms. Ali. "At the health posts in their communities, there is almost nothing, just a few bottles of ointment in an empty hut."

UNICEF's provision of equipment worth US$76,000 has now changed this situation. All 13 of Luuq's outlying health posts are receiving basic equipment such as tables, chairs, a lamp, basins and essential drugs. Included is a UNICEF hold-all in which a TBA will now be able to pack all her materials for home delivery. Along with her new-found determination not to support FGM, she has all she needs.

Julia Spry-Leverton, a freelance journalist from the United Kingdom, has worked extensively for UNICEF. She is currently based in Kenya.

Health strategy

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in advance when and how to access such services. UNICEF will assist countries to mobilize resources to prevent and treat the complications of pregnancy, as well as empower families to make decisions about family planning and prevention of sexually transmitted diseases.

Promoting good health and providing essential services require knowledge of health status. UNICEF is thus assisting the strengthening of partnerships between health providers and their communities, along with the development of monitoring strategies that capture the attention of community leaders and the media.

"Monitoring is a powerful tool to protect health because it allows nations to set goals and pursue them," said Dr. Paganini.

In practical terms, he said, the strategy provides a framework for each country to analyse needs and identify priorities. It discourages the old approach, in which health officers were assigned to specific diseases or problems. The same decompartmentalization is taking place at UNICEF headquarters, where the three health sections — child survival, health promotion and health systems — are being merged into one.

Similarly, many countries, among them China, Uganda and Zambia, are recasting their Health Ministries as facilitators and policy-makers rather than providers of services. The decentralization concept builds on the Bamako Initiative, which has successfully helped local communities, particularly in Africa, to take control of their health services while saving money and improving citizens' capacity to improve their health.

"Field offices are also encouraged to be part of broad alliances, with partners ranging from governments to NGOs to the World Bank," said Dr. Paganini. "The strategy is based on the lessons we have learned, one of which is that time invested in building capacity is time saved in creating sustainable health gains. In the long run, we will move faster."

Catharine Way is Editor of **First Call for Children.**

Nigeria overcomes obstacles to reduce diarrhoea deaths

By Susan Ruel

Despite political unrest and a relentless economic downturn, Nigeria has now surpassed the mid-decade goal of 80 per cent use of oral rehydration therapy (ORT) to prevent diarrhoeal dehydration. According to a recent survey, as many as 86 per cent of its citizens are knowledgeable about and use ORT, defined as the use of oral rehydration salts (ORS) or recommended home fluids. The country is also about to become one of the few African nations that manufacture their own ORS.

These achievements are especially dramatic when viewed against the country's economic downturn — which has reduced per capita income from more than US$1,000 to US$320 annually and made sugar and ORS more expensive — and its rising rates of malnutrition and incidence of diarrhoea. The diarrhoea incidence rate is estimated at 4.8 episodes per child each year.

Yet, thanks to ORT, diarrhoeal deaths are down. "Back in 1985, out of 10 cases of severe diarrhoea, six or seven children would die. Now, only one child dies," said Dr. Akanni O.O. Sorungbe, Executive Director of the National Primary Health Care Development Agency, a quasi-government organization created by the Ministry of Health in 1992. "The impact of ORT on diarrhoea is not to prevent it, but to reduce mortality. If we are waving the flag, it is because now we are not losing as many children."

Local manufacture of ORS

Packets of ORS from two companies in Nigeria are about to reach the market, and a third plant is gearing up its production lines. Reflecting the country's diversity, the packets have instructions in English, pidgin English, Hausa, Ibo and Yoruba. Pending quality control tests, UNICEF has placed orders to buy 3.5 million Nigerian-made ORS sachets.

Nigeria has several advantages in its fight against diarrhoea. One of them is a 10-year history of commitment to ORT, begun by the former Minister of Health, Dr. Olikoye Ransome-Kuti, and now represented by government promotion of food-based diarrhoeal dehydration remedies, such as coconut water at home, as well as use of ORS in homes and clinics.

Another advantage is collaboration by groups throughout the country, especially the well-organized civic group Junior Chamber (affiliated with Junior Chamber International), along with Girl Guides, Scouts, religious and civic groups and health-oriented theatre troupes.

Singing about ORT

In the huge, sprawling city of Ibadan in western Nigeria, women of the Yoruba ethnic group, known for their love of music, spontaneously break into a dance as they sing about ORT. Folasade Adeosun, a 70-year-old market trader and volunteer health worker, tailors her wording of ORT messages to appeal to both Christians and Muslims. With Christians, she uses the words *omi iye*, or life-saving waters, which suggest baptismal water. But she switches to the expression *omi gbemiro*, or health-giving waters, for Muslim clients. Nor does she mention to them that the green bottle she uses to measure the right amount of water is a beer bottle.

"I do it because I love my people," she said, to explain why she has worked without pay since 1986 to bring people valuable information about diarrhoea, malaria and AIDS, among other health topics. She also works to dissuade mothers from the Yoruba practice of withholding food from children who have diarrhoea.

Throughout the nation, Junior Chamber chapters have donated their time and talents to build public awareness of ORT, placing the Nigerian group in the top five chapters worldwide in promoting ORT.

"Once I realized that Nigerian children were dying of diarrhoeal dehydration every minute, I saw that it was important for our organization to embark on ORT programmes," said Taiwo Lloyd-Kuyinu, the charismatic 37-year-old president of the Junior Chamber chapter in Ibadan. A pharmaceutical executive, he takes time out from his 17-hour workdays to visit elementary schools, where he testifies to the benefits of ORT. His chapter also supports the establishment of ORT kiosks in drugstores and market-places.

Susan Ruel

A four-month-old baby suffering from diarrhoea receives oral rehydration salts at a hospital ORT clinic in Lagos.

Likewise, Scouts and Girl Guides in every city and hamlet of the country are teaching their parents and classmates the lessons they learn in their scouting manuals: how to use the sugar-salt solution, ORS sachets or fluids, like coconut water, available in most homes. Clergy from Muslim and Christian faiths also promote the use of ORT.

In addition, theatre troupes across the country translate messages on ORT and other health issues into styles that suit the range of Nigeria's indigenous communities. In Kano, for example, traditional Hausa-Fulani *koroso* music, made with a flute, rattles and talking drums, accompanies dance dramas inculcating the benefits of ORT. The Koroso Drama Troupe, formed in 1977 as part of a national arts festival, presents humorous parables about hygiene and sanitation. Villagers who rely on folk remedies — such as brushing children's lips with porcupine quills — learn that ORT is more effective. In the cities of Ibadan and Enugu, NGO representatives meet regularly as the 'Friends of ORT' to coordinate their activities.

Susan Ruel

At the market in Ibadan (Nigeria), a trained ORT practitioner provides treatment and demonstrations.

Nigeria, the world's tenth most populous nation, still faces enormous challenges to end mortality from diarrhoea, estimated at 200,000 children a year. But with the efforts of all sectors of its society, the situation is expected to improve.

Susan Ruel is a UNICEF consultant. She recently travelled to Nigeria.

Teaching about ORT:
A holy mission for Ethiopia's clergy

By Hadera Tesfay and Cheryl Gregory Faye

Father Alemayehu made the sign of the cross over the girl as she lay listless in her mother's arms. One week after her first birthday, she had been suffering from diarrhoea and vomiting since the previous day.

As a result, her parents were following the Ethiopian custom: they were withholding food and water in an attempt to stem the discharge of bodily fluids.

But this time the traditional therapy was not working. The young parents, gravely concerned and still suffering from the pain of having lost another child two years earlier, turned to the institution they had known and trusted all their lives: the Ethiopian Orthodox Tweahido Church (EOTC).

Fortunately for this family in Bonga, a town in south-west Ethiopia 450 kilometres from the capital, Father Alemayehu had recently attended a workshop on oral rehydration therapy (ORT) for EOTC clergy.

He quickly recognized the signs of diarrhoeal dehydration and went into the vestry to get a packet of locally produced oral rehydration salts, which had been distributed at the workshop.

Reading the Amharic instructions on the packet to the illiterate young couple, Father Alemayehu urged them to administer the solution to the baby immediately and told the mother to resume breastfeeding.

The couple did so in a small room adjoining the sanctuary. By the time the priest checked on them at the end of his morning liturgy, the baby was visibly improved.

3,000 clergy trained

Father Alemayehu is one of 3,000 Ethiopian clergy of the orthodox Christian, Protestant and Muslim religions to have participated in workshops on diarrhoeal diseases and immunization since October 1994.

In a new programme capitalizing on the trust Ethiopians place in their religious leaders, UNICEF and the Ministry of Health have mobilized the religious community as partners in child survival. The workshops are being conducted throughout the country by regional health bureaus and UNICEF.

ORT, combined with breastfeeding, worked its miracle on the baby in the time it took the priest to perform the morning liturgy.

As a result, inroads are being made into communities and traditions that have long been inaccessible or resistant to health services.

The workshops have been so successful that religious groups have asked that the programme be expanded. Given adequate staff and funding, UNICEF would like to extend the programme to cover water and sanitation issues, education and women in development.

A sensitization workshop on HIV/AIDS has also been held for EOTC clergy.

High infant mortality

One of the world's poorest countries and ravaged by 30 years of civil war that ended in 1991, Ethiopia has one of the highest rates of infant mortality, 120 per 1,000 live births (as of 1993).

Almost half of childhood deaths result from diarrhoea, and the average child suffers five episodes each year. It was clear that promoting ORT could have a tremendous beneficial effect on the

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The impact of public and private costs on universal primary education

With the worldwide consensus on the importance of universal primary education, why are so many children out of school in so many developing countries? A reason frequently cited for their absence from the schoolroom is poverty: the costs of schooling are too high.

In addition to government expenditures, the price of education includes out-of-pocket costs to households (for uniforms, books, etc.) and communities (such as labour and materials to build school buildings), along with the income forfeited due to reduced family labour.

To investigate these issues and to assist country offices in discussing them with governments, in 1993-1994 UNICEF commissioned studies in five countries in Asia and Africa: Bhutan, Burkina Faso, Myanmar, Uganda and Viet Nam. One of the objectives was to collect data at district and village levels to obtain a more accurate picture of primary education's private and public costs.

The studies covered a total of about 100 schools in the five countries. Household surveys were carried out to determine the private costs of primary schooling. The views of teachers and parents were also solicited through questionnaires and interviews during school visits. Options for cost-efficient reforms were then examined with the objective of increasing school attendance.

Levels of primary schooling vary widely among the five countries as measured by net enrolment ratio (NER), which is the percentage of school-age children who attend school.

Two of the selected countries (Myanmar and Viet Nam) have high levels of schooling, with NERs over 90 per cent; Uganda has an intermediate level of enrolment (NER 63 per cent); while two countries (Bhutan and Burkina Faso) have very low levels of schooling (NER below 30 per cent).

"The studies found that no government is spending enough on primary education relative to needs," said Santosh Mehrotra, a UNICEF economist who designed and oversaw the studies. "Thus, costs fall heavily on parents." The studies also found:

• In countries where private costs of primary education are low relative to per capita income, enrolment is high (Myanmar and Viet Nam).

• In countries where private costs of education are high relative to per capita income, enrolment is low (Bhutan, Burkina Faso and Uganda). These high private costs affect enrolment of girls more than of boys.

A reduction in private recurrent costs is thus a requirement of achieving universal primary education.

In most cases, the main component of education cost is teacher salaries, mostly paid by the government. Here the studies found:

• Where public expenditure on education is low (Myanmar, Uganda, Viet Nam), it is because teacher salaries do not cover living costs, which forces parents to top-up salaries through parent-teacher association (PTA) contributions.

• Where teacher salaries are high relative to per capita incomes (Bhutan, Burkina Faso), the burden on the government squeezes expenditures on learning materials, thus diminishing quality.

The studies examined ways of reducing teacher costs through double-shifting, increasing class size and using more teacher assistants (at lower salaries). The scope for cost-saving reforms would be limited in low-cost countries (Myanmar and Viet Nam) but significant in higher cost countries (Bhutan and Burkina Faso). In Burkina Faso, primary school teacher salaries are eight times higher than per capita income in the country.

"The scope for further shifting costs to parents in all countries is limited, we found, since parents are already bearing a very substantial burden of total primary schooling costs," said Mr. Mehrotra.

In all cases, a very strong case emerges for increasing public expenditures on primary education in order to lower the costs to parents. However, given the government fiscal constraints in low-income economies, community contributions towards school construction in kind and in the form of labour will need to continue in all the countries examined.

Nevertheless, there may be scope for reduction of construction costs where schools are built with international assistance. For example, schools built with World Bank assistance in Bhutan have been found to cost much more per pupil than those built with funding by the United Nations Capital Development Fund, which in turn cost more than those built entirely from domestic resources.

Freezing higher education subsidies and allocating the savings to primary education will not release many resources in Myanmar and Viet Nam, where resources are allocated quite equitably between education sectors. However, in Bhutan, Burkina Faso and Uganda, the allocation of the education budget to the college level is high while primary enrolments are very low. A restructuring of public expenditure, therefore, will be necessary if universal primary education is to be achieved in the foreseeable future.

UNICEF/93-1234/Roberts

In Bhutan, the high price of uniforms and books, among other private costs, keeps many children out of school, especially girls. Teacher salaries are high relative to per-capita incomes, squeezing spending on learning materials.

Determining spending on social services: A first step towards reallocation

Since the World Summit for Children in 1990, UNICEF has been advocating for the restructuring of public expenditures and aid budgets in favour of social services, and within that sector, for basic social services (such as primary health care and water and sanitation). The World Summit for Social Development, in Copenhagen in March 1995, recommended in its programme of action that governments spend 20 per cent of their budgets on basic social services, and exhorted donors to require the same with their aid budgets.

Before governments can deliver on their promises, however, it is necessary to establish how much they are spending on basic services. In 1993, UNICEF designed and commissioned case studies in four countries — Guinea, Nepal, the Philippines and Tanzania — that, relative to other countries in their regions, had below-average performance in terms of such social indicators as health, nutrition and literacy.

The studies had two objectives: to determine how much governments are spending on basic services and to establish the scope for restructuring expenditures in favour of such services. The studies found:

• In the early 1990s, government expenditures on basic social services constituted about 13 per cent of total budget in three of the countries studied — Guinea, Nepal and Tanzania. The data suggest that in Guinea and Nepal these percentages had increased from about 9 per cent since the early 1980s.

• In the fourth country, the Philippines, the share allocated to social services was lower (8 per cent) and it had increased little compared to the 1980s.

• In contrast, countries that experienced major improvements in their social indicators, such as Botswana, Costa Rica, Malaysia, the Republic of Korea, Thailand and Zimbabwe, were spending significantly larger shares of government budget on basic social services.

The studies reveal the increase in resources that can be released for basic social services by reallocating funds between sectors, from unproductive expenditures (such as the military, police and losses in public enterprises), and within sectors (such as from higher level health and education services to basic services).

Resistance to change

"However, the studies also reveal the many constraints on restructuring public expenditures," said Santosh Mehrotra, a UNICEF economist, who designed and oversaw the studies. "The most serious lies in political economy: the resistance to change among élites and other beneficiaries of the current expenditure pattern, even though it may be neither cost-effective nor equitable."

Another constraint to restructuring is debt, which leaves limited scope for discretion in reallocating the Government's expenditure. Domestic debt is the problem in Nepal and the Philippines, whereas external debt prevents restructuring in Guinea and Tanzania. Without international action, restructuring of external debt in favour of basic social services is very difficult. Moreover, budget deficits are very high in all the countries studied except the Philippines, in spite of recent efforts at structural adjustment.

The budget deficits underline the problem of low tax revenues relative to gross domestic product (GDP) in all the countries except Tanzania. Estimates suggest that increasing tax revenues to the regional average would mobilize more resources than would expenditure restructuring in Guinea and Nepal, but less in the Philippines, since in that country the ratio of taxes to GDP is closer to the regional average.

"Another problem is the relative lack of donor interest in basic social services," said Mr. Mehrotra. "In all the countries studied, assistance to these services comprises no more than 10 per cent of official development assistance."

However, there are hopeful signs. First, military expenditures have declined significantly in recent years in all the countries studied except Guinea. Second, there has been improvement in the bias against basic services. In health and education budgets over the past decade, for example, the bias against basic services

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No government is spending enough on education, so costs fall heavily on parents.

Improved quality through increased expenditures on learning materials and reduced drop-outs/repetitions are needed in all the countries examined. In Myanmar and Viet Nam, policy must focus on mobilizing more resources for primary schools. In Myanmar, the responsibility for enhancing quality must rest with the Government, partly through increasing expenditures on learning resources, but also through improving the

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First Call for Children

'The essential needs of children should be given priority in bad times as well as good' — *Plan of Action, World Summit for Children*

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A boy gets a measles vaccination in Haiti, which immunized 95 per cent of its children by August 1995.

In Haiti, from measles disaster to near-total immunization

By Monique Clesca

Haiti, which was facing a measles catastrophe just two years ago, has become a world leader in measles immunization, with 95 per cent of its children vaccinated as of August 1995. In 1993, in the midst of the country's political and economic crisis, only 20 per cent of Haitian children were vaccinated against measles, and a lethal epidemic was raging.

The dramatic immunization improvement comes as the country just begins to recover from the damage caused by the three-year crisis. Almost 3 million children 9 months to 14 years old received the one-shot vaccine in schools, health centres and rally posts (temporary vaccination sites) throughout the country.

President Jean-Bertrand Aristide launched the six-month measles eradication campaign shortly after he returned to Haiti in October 1994. Children aged nine months to five years also received a vitamin A capsule and a dose of polio vaccine.

"We have made an important gain that has never been recorded in the country," said Flora Sibanda-Mulder, UNICEF Haiti health officer. "I never thought it could be done. This achievement creates an environment that will protect children from epidemics."

The effort began in 4,905 primary schools and kindergartens, where children were vaccinated during the school day. Children out of school were reached at 5,360 rally posts set up next to churches and markets. Whether under a tree, in someone's home or in a school, the rally posts are open on a regular schedule once every two months to provide ongoing vaccination services.

Each site had a three-person vaccination team. Altogether, more than 32,000 people worked on the campaign, which was undertaken with UNICEF and Rotary International assistance. The effort was launched under the umbrella of a committee coordinated by the Ministry of Health. Committee members included UNICEF, PAHO/WHO, USAID, French Cooperation, Rotary and the US-based NGO Basics, as well as the Association of Private Health Institutions, an umbrella group of Haitian NGOs.

The mass media as well as church leaders and school principals were enlisted in the effort, and in some cases letters were sent to parents. Sound trucks drove around neighbourhoods reminding people to vaccinate their children.

The achievement is all the more remarkable given Haiti's alarming fall in immunization rates in the early 1990s, after a measles immunization peak of 54 per cent in 1988. In 1991, about 40 per cent of children were vaccinated against measles. The next year the figure was 24 per cent, and in 1993 it fell farther.

The situation in Port-au-Prince was

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The World Summit goals at mid-decade

"Something to be proud of"

Final statistics on achievement of the mid-decade goals will not be in until mid-1996, but the numbers already speak loudly: about 2.5 million fewer children will die in 1996 than died in 1990, and a majority of developing countries, with 90 per cent of the world's children, are making significant progress towards achieving the goals.

As 1995 drew to a close,* First Call for Children *spoke with* Dr. Nyi Nyi, *just before he retired as Special Adviser to the Executive Director and 'overseer' of the goals, for his perspective on the world's progress to date. His comments follow.

Immunization

Mid-decade goal: Achieving 80 per cent immunization against the six major vaccine-preventable childhood diseases in all countries.

Based on most recent figures, 80 per cent of countries have sustained or increased coverage since 1990; 94 per cent since 1985. Most of Asia, Latin America and the Middle East have not only sustained achievements but gone beyond them. Many countries have achieved the year 2000 goal of 90 per cent coverage.

Many countries are achieving these successes with their own money. For example, China paid for all the vaccines and operational costs for National Immunization Days for all immunization except polio — for 100 million children. A number of countries, including Indonesia, Pakistan and many countries in Latin America, are paying their own way.

Most of the countries that have slipped are in Africa, but it would be wrong to compare Africa with other regions and say they have not done well. You should always measure against your own base. I am satisfied with the progress in Africa, but with a qualification: with mobilization and more planning at lower levels, they could have done better, especially in terms of reducing drop-out rates.

Measles

Mid-decade goal: Reduction in deaths by 95 per cent, reduction in cases by 90 per cent.

Both WHO and UNICEF believe the goal in terms of measles incidence will be achieved globally. A total of 84 countries have already achieved a 90 per cent reduction in measles cases. Unfortunately, reducing measles deaths will be more difficult to prove because there is no reliable database.

Polio

Mid-decade goal: Elimination of polio in selected countries and regions.

Now there are 145 countries that are polio free, although it is still a major challenge for sub-Saharan Africa and South Asia. Pakistan has the fifth largest number of cases in the world, but it has started National Immunization Days, so we should begin to see improvement. The Americas, Western Europe, the Magreb countries (Algeria, Morocco and Tunisia), the Arab Peninsula and southern Africa are now polio free. Parts of the Pacific region, including China, the Lao People's Democratic Republic, the Philippines and Viet Nam, are making very fast progress.

Neonatal tetanus

Mid-decade goal: Virtual elimination.

The target is to have less than one case per 1,000 live births. At the end of 1994, 83 countries had achieved that target, while 57 countries had one to five cases, and 25 countries had five or more cases per 1,000 births.

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Beijing: A landmark event for girls and women

By Alexia Lewnes

Despite the highly publicized problems that shadowed the Fourth World Conference on Women in Beijing, in the end, the 12-day Conference succeeded in producing an optimistic and visionary final Declaration and Platform for Action that signals strong hope for the future.

This largest-ever United Nations Conference, with over 45,000 people attending the official Conference and the NGO Forum combined, broke new ground in acknowledging women's rights as human rights and the human rights of children, especially girls.

It was a landmark event in that it was the first international women's conference that addressed the issues affecting women throughout their lives — from birth, as girls and adolescents, and throughout adulthood. Although girls had received little mention in previous

UNICEF/95-0595

Carol Bellamy, UNICEF Executive Director, in Beijing.

UN conferences, at the Beijing gathering (4-15 September) the world's women rallied around the 'girl child' and succeeded in bringing international attention to the discrimination she faces.

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Social spending

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has either been stopped or reversed in all countries.

The overwhelming conclusion of the analysis is that the priority given to health and education as a whole has been low in government budgets in the low-achieving countries studied relative to high-achieving countries. The studies have provided UNICEF country offices with opportunities to begin a dialogue with finance ministers on the subject of allocation of resources to health and education.

Basis for advocacy

In addition, the studies will enable UNICEF country offices to advocate for greater allocation to basic services within the health budget, especially in the Philippines, where expenditures on health are heavily biased towards sophisticated, expensive curative care rather than preventive and basic curative care. Likewise, the low priority given to primary education in the education budgets of Guinea, Nepal and Tanzania has provided the country office with a solid basis to engage in advocacy.

In Guinea, the study has become a first step in the preparation of a human development programme, in collaboration with the Government and the United Nations Development Programme (UNDP).

In the early 1990s, the Government of Guinea was very concerned about the country's position at the bottom of the league table of the Human Development Index, published in UNDP's *Human Development Report*. This study, undertaken by national consultants in collaboration and with full cooperation of Government counterparts, has been a first step in preparing a plan for poverty alleviation and social investment.

Given that UNICEF representatives normally deal with ministries of health and education and rarely with ministries of finance, which allocate funds to the health and education sectors, the studies have provided an instrument for discussions with key decision makers.

Government participation

For instance, in Nepal the Planning Commission and the Ministry of Finance participated on the steering committee overseeing this study. Although the study was financed by UNICEF, it had the endorsement and participation of the Government.

In both Nepal and the Philippines there has been a move to follow up this work with regular monitoring of public expenditure on basic social services. In the Philippines this monitoring will become part of a country-level Human Development Report to be prepared annually.

UNICEF plans to extend this work to other interested countries to provide a statistical and analytical database for advocacy of the 20/20 proposal.

This article was excerpted from an upcoming UNICEF Occasional Paper, 'Public expenditure on basic social services: The scope for budget restructuring in selected Asian and African economies', by Santosh Mehrotra with Aung Tun Thet, both economists with the Office of Social Policy and Economic Analysis. The paper will be available from UNICEF Programme Publications, 3 UN Plaza, DH-49B, New York, NY 10017, USA.

UNICEF/93-1806/Bennett

In the Lao Republic, where 95 per cent of the population suffered some degree of iodine deficiency, 80 per cent of manufactured salt for consumers is now iodized.

Lao PDR succeeds in iodizing 80% of salt

By Andrew Nette

Just two years after a survey revealed that almost the entire Lao population was suffering from some degree of iodine deficiency, all of the country's major salt factories are producing iodized salt at full capacity, and 80 per cent of the manufactured salt now reaching consumers is iodized.

The remarkable achievement followed legislation passed in May to ensure that all salt sold on the market, whether imported or locally produced, is iodized, consistent with the mid-decade goal of universal salt iodization. Putting a monitoring system in place, from production down to the household level, is now the country's highest priority.

95% of people affected

The 1993 survey, jointly conducted by the Lao Government and UNICEF, found that about 95 per cent of the population suffered from various degrees of iodine deficiency disorders (IDD).

The survey also showed that the Lao People's Democratic Republic had one of the highest rates of IDD in the world. The problem, although nationwide, was found to be worse in rural areas.

The survey was undertaken by a team of technicians headed by Dr. Rainer Gutekunst, an expert on iodine deficiency disorders, who tested 2,000 children in 32 randomly selected schools throughout the country.

The same year, the Ministry of Public Health prepared a plan to eliminate IDD in the country by the year 2000. The intermediate goal is for the entire population to receive sufficient iodine by 1996.

The country was aided in its salt iodization effort by the fact that 90 per cent of its salt is produced internally, in six factories in the main cities and in a number of cottage-scale units scattered throughout rural areas.

Goitres are common among people throughout the country. Many adults bear numerous scars on their necks, the legacy of successive goitre operations. The failure to take iodine supplementation after the surgery led to high rates of recurrence.

At the time of the survey, Dr. Gutekunst said that the cost of iodizing all salt would be equivalent to 10 times the cost of goitre operations performed in Lao PDR each year. "It is a small price to pay, not only in terms of the improvement it will make in the quality of life of thousands of children and their families, but also for the increased educational performance and productivity that eliminating IDD would herald," he said.

The sight of stunted, listless, malnourished children playing amid lush rice paddies and gardens sprouting with fresh vegetables has long been common in the country, proof of the misconception that the answer to child malnutrition is simply more food.

Micronutrient deficiencies have been a major cause of malnutrition in the country, and its success in iodizing its salt is a big step towards ending one of them.

Andrew Nette is a freelance journalist based in the Lao People's Democratic Republic.

IDD survey under way in TFYR Macedonia

By Tim Weaver

A study is under way in The Former Yugoslav Republic (TFYR) of Macedonia to determine the extent of iodine deficiency disorders (IDD).

The need for the study is yet another symbol of how the war in the Balkans has undermined people's lives. Doctors believe goitre and other iodine deficiency disorders are on the rise because of the interruption of deliveries of iodized salt due to the war.

The study, supported by UNICEF and undertaken by the country's Institute of Pathophysiology, will assess almost 10,000 students in 115 schools during the next year.

Every year, TFYR Macedonia has 1,000 new cases of goitre, the most visible sign of a shortage of iodine. Even mild IDD can diminish intelligence; more severe cases cause cretinism and other health problems.

"Putting iodine in salt only adds 2-3 per cent to the cost of the salt," said Professor Borislav Karanfilski, head of the team that is performing the study. "It is very cheap when you consider the cost of the effects of iodine deficiency. We want to prevent this by putting iodine in salt, but we have to make sure that we do so at the optimum level for the population." Too much iodine causes hyperthyroidism, symptoms of which include loss of weight, extreme sweating and palpitations.

The problem for the country is that it does not produce its own salt, and the soil contains inadequate levels of iodine. Before the breakup of the former Yugoslavia, salt was imported from the Bosnian town of Tuzla.

Today, TFYR Macedonia imports 12,000 metric tons of salt from many countries. The Public Health Institute of TFYR Macedonia says that half of this salt is returned to suppliers because it does not conform to the standard developed in 1956, which requires a minimum of 10 mg of iodine per kilogram of salt. However, some health officials believe that iodine levels in salt are below the recommended level.

One of the tasks of the survey team is to enable establishment of a new standard for iodizing salt. Many countries require 20-25 mg per kilogram, which is the level recommended by the World Health Organization.

Tim Weaver is a freelance journalist currently based in Croatia.

Education costs

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curriculum and teacher training.

Similarly, in Viet Nam overall allocations to education must increase to permit increases in salaries and expenditures on learning resources. Only then will it be possible to reverse the exodus from the teaching profession, which intensified with the transition to a market economy. During the transition, the State must protect the education sector, especially primary education, since the agricultural cooperatives, which earlier financed primary schools, cannot continue to do so.

In Bhutan and Burkina Faso, policy must focus on cost savings. In Bhutan, savings can be achieved through double-shifting, increasing class size and reducing drop-outs through decreasing repetition of the final year of the primary cycle, a result of students failing to pass the graduation exam. Additional resources should come from donors as well as from the Government's recurrent budget.

In Burkina Faso, very significant cost-savings are needed, through lowering teacher costs by the employment of teacher assistants and lowering capital costs through increased use of locally available materials — rather than imported ones — for school construction. Only then can the parents' burden of education costs be reduced, which will create the demand for schooling.

These studies have enabled the country offices to discuss with education ministries the issues of cost-efficiency of expenditures and the significance of the high costs to parents as an impediment to achieving universal primary education. More such country studies are planned, especially in Africa and the populous countries with the largest number of children out of school.

This article was excerpted from an upcoming UNICEF Occasional Paper, 'Public and private costs in primary education: Evidence from selected countries in Africa and Asia', by Santosh Mehrotra. It will be available from UNICEF Programme Publications, 3 UN Plaza, DH-49B, New York, NY 10017, USA.

Ecology aides clean up in the Philippines

Metro Manila Council of Women Balikatan Movement, Inc.

In San Juan, a town in metropolitan Manila (Philippines), 60 ecology aides are cleaning up the town while making money. These boys and men are hired to collect cast-off paper, plastic, cans, bottles, scrap metal and auto batteries for the local junk shops, which in turn sell the materials to factories. The programme, organized by the Metro Manila Council of Women Balikatan Movement, Inc., has also reduced pressure on the local dump-site by at least two thirds. In addition, the students at San Juan's Pinaglabanan Elementary School sell their school's dry wastes to the 'eco-aides'.

Youths promise (in words and money) to fight world hunger

By Kristin Moehlmann

Youth leaders from the Youth Ending Hunger (YEH) movement heard proposals and pledged support for 24 new hunger-elimination projects at the Second Global Youth Conference for the End of World Hunger. The meeting took place in UNICEF House in New York from 22 to 25 August.

The 105 participants, ranging in age from 12 to 32 years, also heard progress reports on their previously initiated 'on-the-ground' projects. The participants, representing 26 developing and industrialized countries on six continents, also called on world leaders who had signed the World Summit Declaration to fulfil their promises. They carried out their mandate with such enthusiasm that UNICEF Executive Director Carol Bellamy, in addressing the final session, was prompted to thank the delegates for the "jolt of energy" that they gave to UNICEF House during the four days of their deliberations.

Youth Ending Hunger is an initiative of The Hunger Project, an NGO founded in 1977. Begun in the early 1980s, YEH until recently emphasized awareness-raising, through activities such as bike rides and letter-writing campaigns. Some 35,000 young people in 36 countries have taken part in its activities.

In 1993, YEH began to organize the grass-roots development activities that delegates described during the conference. These ranged from a nutrition project in Ghana that had just harvested its first crop of beans and maize, to a soup kitchen in Honduras that provides meals for children and jobs for their mothers.

The young people pledged $38,282 and called on their governments to achieve the Summit goals.

So far, projects have been launched in nine countries.

The 24 new initiatives, to be carried out by the year 2000, include projects attacking malnutrition directly, through food production, and indirectly, through income-generating activities, as well as a variety of literacy and other educational projects. The Dominican Republic sought funding for rabbit farming and a greenhouse; Benin for several literacy projects and a toy drive; Indonesia for a day-care centre.

YEH Uganda proposed buying a cow, a shed and land in order to supply a village with milk and cheese. YEH in Ghana hoped to add a piggery and a poultry farm to its already existing project and also to develop, with the help of the University of Ghana, "a formula, something like a package of corn flakes," that would contain all the basic nutrition necessary to keep a preschool child healthy, said 28-year-old Kwesi Denis.

Price tags as low as $1,000

The price tag on some of these initiatives was as low as US$1,000 for the five-year period. YEH-sanctioned projects are currently capped at US$5,000, according to Paula Mantel, The Hunger Project's conference manager. Although some projects may eventually become more ambitious, she said, at this early stage, "We don't want Youth Ending Hunger taking on bigger projects. We want them to be small and effective."

While some delegates were presenting proposals and receiving constructive advice on how to make them more workable, others were rallying assistance. YEH chapters in Australia, Japan, Europe and North America pledged support.

Also won over, by projects in Ethiopia and Burkina Faso, was Wingee Sin, a 16-year-old high school student from California who is not yet affiliated with Youth Ending Hunger. She said she hoped to start a YEH chapter in her town and planned to raise funds by approaching "different school clubs and organizations that have the same cause."

Groups raise money by holding YEH activities such as dances or bicycle marathons, or by soliciting directly from potential donors. The money is then channelled through the Youth Ending Hunger Fund, administered and monitored by The Hunger Project.

On the final day, 19-year-old Sakiko Tsuda of Japan, who chaired the conference, announced that all the projects presented would receive support from one or more of the industrialized countries. According to the final tally, total pledges amounted to US$38,282; the biggest chunk, US$16,233, came from YEH Japan.

As a final order of business, the conference adopted the New York Manifesto, reaffirming the need to give 'first call to children' and to give the highest priority to the speedy implementation of the commitments made at the World Summit for Children.

In the same document, participants committed themselves to urging their respective governments to allocate greater financial resources towards the achievement of the Summit goals, and to contributing effectively to the realization of the goals "by implementing concrete projects designed to improve the situation of children in difficulty."

Ms. Bellamy was presented with petitions — 100,000 signatures collected in Japan, 100,000 in Bangladesh and 10,000 in a range of other countries — calling on leaders who had signed the World Summit Declaration to fulfil their promises. These are the first of 1 million signatures that YEH members have pledged to collect worldwide by 1997.

Wrapping up the conference, Marhana Susan, the 18-year-old Bangladeshi vice-chairperson of the YEH Asia Region, noted the sense of global brotherhood and sisterhood created during the four days.

"Each youth is like the flame of a candle," she said, and if the group continues to work together, "I feel that we are not only a single candle but we can even beat the sun."

Kristin Moehlmann is a consultant writer for UNICEF New York.

Sudan rebels pledge to uphold Convention

By Sally Burnheim

The two main rebel groups in southern Sudan — the Sudan People's Liberation Movement and the South Sudan Independence Movement — agreed in September to abide by the principles enshrined in the Convention on the Rights of the Child.

Although 181 governments have ratified the Convention as of early November 1995, this is the first time that rebel groups have pledged to uphold children's rights.

"Strongly committed"

"Obviously, time will tell as to the adherence to the principles," said UNICEF project officer Iain Levine. "So far, the reaction we've had from the southern Sudanese has been very positive. They recognize that many abuses have occurred. They seem strongly committed to support the promises made by their own leadership."

Following the agreement, UNICEF has begun an extensive education campaign to promote awareness of the need and obligation to protect children from the abuses of war.

It is anticipated that the rebel groups' commitment and the advocacy campaign will encourage the release of children from the armies. The pledge also means that UNICEF and other agencies have an instrument to use in cases of known abuses of child rights and a means for demanding greater respect for them.

The education campaign aims to reach military personnel, civil administrations, the humanitarian wings of the rebel groups, women's groups, church groups, Sudanese NGOs and international relief workers in 25 to 30 rebel-held areas; it is also aimed at children attending the 1,200 UNICEF-supported schools in those areas. Posters and leaflets on the Convention will be distributed in the schools.

A key strategy of the campaign is to link the Convention on the Rights of the Child with traditional southern Sudanese values, such as those emphasizing protection of children, women and the disabled.

Efforts to reunite families

Efforts are also being stepped up to reunite children with their families. More than 1,200 children have been reunited since December 1992, but an estimated 20,000 children have been separated from their families during the 12-year conflict.

About 11,000 unaccompanied children are living in a refugee camp in northern Kenya, and another 4,500 continue to live in camps in southern Sudan, unable to return home because of continuing insecurity. Thousands of children have also been orphaned.

These children have suffered both physically and psychologically from the actions of all parties in the conflict. Because of a lack of resources, many children in southern Sudan are deprived of the basic necessities of life promised by the Convention — an adequate standard of living, health care and schooling, among others.

Sally Burnheim is information officer for Operation Lifeline Sudan, a UN-coordinated relief and rehabilitation effort in southern Sudan for which UNICEF is lead agency.

Nicaraguan children learn and teach about rights

By Guillermo Cortés Domínguez

Reflecting the simple wisdom that children are the best advocates of their own rights, the Movimiento Infantil (Children's Movement) has become an influential participant in civic life in rural Nicaragua.

The movement was initiated in 1992 by 14-year-old Juanita Guerrero Arista in San Ramón, Matagalpa, 145 km north of Managua. The 35 children who loved to dance, paint and stage puppet shows were soon noticed by officials of the Programa de Servicios Básicos Integrados (Programme of Integrated Basic Services), implemented by the Ministry of Social Action of Nicaragua and supported by UNICEF. Building on the Children's Movement, the Ministry and UNICEF sponsored a child-based programme to promote young people's rights, as pledged in the Convention on the Rights of the Child.

Since then, the founding group has expanded to 135 children, from 9 to 14 years old, from San Ramón and 13 surrounding rural communities. Among other activities, they have attended several workshops aimed at informing themselves about their rights.

Now the children are represented in San Ramón's Development Committee, a regional government agency through which all segments of society, regardless of their ideology or political views, join forces to improve the quality of life in the community. Almost all the local councils of the 13 *comarcas*, or localities, include a child representative.

While the children of San Ramón were developing their movement, another exceptional group of children, known as Los Cumiches, had been working to promote child rights in the city of Estelí, in northern Nicaragua, for more than four years. The group, also known across Nicaragua as 'the children journalists of Estelí', writes, produces and broadcasts a radio programme of news, interviews and commentaries.

The two groups met for the first time in San Ramón, where Los Cumiches arrived in two pick-up trucks and the children from the surrounding areas arrived on horseback. During the meeting, Los Cumiches strongly denounced a woman who had punished her young daughter by burning the soles of her feet. The episode made a deep impression on the children, as well as the adults, of San Ramón.

One 12-year-old boy said that the case of "the girl with the burnt feet" is what impressed him the most during his participation in the Movement.

Both San Ramón's Mayor, Nelson Artola Escobar, and Deputy Mayor, Raúl López Dávila, support the Children's Movement. Mr. López says he is impressed by the degree of children's participation in the *cabildos abiertos* (public hearings) held by the municipal government.

In one of those hearings, the children complained because they were not allowed to play in the town's baseball field and demanded a place to play. Deputy Mayor López says that the town agreed to build a park with a playground.

"But when we built the sports grounds, we consulted with the adults and not the children, and we built volleyball and basketball courts that are too big for children," he says. "As a result, they are used mostly by teenagers and grown-ups, and there is hardly any room left for the children to play."

Alexia Flores

In Nicaragua, a girl advocating for child rights holds a sign that reads, "Very busy parents should set aside special time for their children."

The Deputy Mayor admits that for most adults it is difficult to put children first. "The adults make decisions that

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Schools finally come to Ecuador's long-neglected Amazon basin

By Logan Ward

A dark-haired girl clangs an iron bell with a smooth river rock, then hurries to join her classmates on a soccer pitch adjacent to a school yard overlooking the broad Napo River. The field erupts in screams of laughter and the sound of 25 pairs of bare feet slapping the packed-mud playing field. Boys and girls kick wildly at a softball-sized clump of plastic, urging it towards the bamboo posts that form the goals. When a tall boy named Edwin scores, he yells "Gooooaaal!" just like the announcers he hears on his transistor radio.

A few years ago, there were probably not enough students at this village school to make up two soccer teams. Like other indigenous settlements in Ecuador's Amazon basin, the Quechua Indian community of Mondaña, three hours downstream by motorized canoe from the frontier town of Tena, was long neglected as other parts of the country developed.

One reason for the isolation was the lack of roads in the Oriente, another name for this dense expanse of rain forest east of the Andes. The Oriente accounts for about one third of Ecuador's land area but less than 5 per cent of its population. The residents rely on rivers for transportation and communication.

Now, thanks to a joint effort of the Ecuadorian Government, UNICEF and the Quito-based NGO Foundation for Integrated Education and Development (FUNEDESIN), Mondaña is the site of the Oriente's first real school system, an experiment known as the Education Network Centre, or CEM.

Government schools are scattered throughout the steamy jungle of the Oriente. However, most are one-room buildings run by a single teacher responsible for grades one through six. Until the CEMs arrived, students who wanted to attend a higher-quality primary school or any secondary school had to travel upriver to towns like Tena, Shell or even the highland capital, Quito.

But only a tiny percentage of indigenous students can afford to study away from home. School fees alone can be 1 million sucres (about US$400) per year, not to mention the cost and complication of living away from home.

"The Amazon has a problem with poverty," says Jorge Rivera, education officer for UNICEF in Ecuador. "There is no potable water for the kids. Many areas have no systems of communication. The area has been abandoned."

Ecuador's first 80 CEMs were part of a 1990 Inter-American Development Bank project in the rural highlands and along the coast. The World Bank then funded 55 more in marginal urban areas. "In none of these projects did they consider the Oriente," Rivera says. The rain forest region seemed too remote, its small and scattered population too hard to reach.

In 1992, however, Rivera convinced the Ecuadorian Government to agree to five experimental centres in the Amazon region. Funded primarily by UNICEF and built by FUNEDESIN, each consists of a network of 25 to 30 schools. Once built, the schools are staffed and funded by the Government.

Teacher training and supplies

CEM is more than just a concentration of schools. Headquartered at a central site, the network provides teacher training and school supplies. Teachers can pick up their salaries at network centres instead of travelling to Ministry of Education district offices, which can be days away from remote schools. The network based in Mondaña, with 27 schools serving 600 students, cost about US$200,000 to establish. Those funds, provided by UNICEF, covered construction of the school buildings, supplies and some teacher training.

In a region where the homes are made of bamboo and thatch, the Mondaña school is a collection of wooden, tin-roofed buildings with a classy grey and maroon paint job. Inside, the walls are decorated with world maps, a poster illustrating sugar cane products and colourfully painted shell horns, used to call parent-teacher meetings. A separate building houses latrines. Getting to school means a two-to three-kilometre walk through the jungle for most students.

Robin Canuel

At the innovative Mondaña school in Ecuador's Amazon basin, approximately two thirds of the students are girls.

Since the school opened two years ago, 23-year-old Maria Cecilia Martinez has taught grades four through six. This day Ms. Martinez is leading her 36 students — 11 boys, 25 girls — in a drawing exercise. She is encouraged by the high proportion of girls.

"The mentality here says that the women should stay in the house and make *chicha*," she says, referring to the traditional manioc beer. "But we all need the opportunity to learn."

Before, there was no secondary school in the region. "When they finished grade school, the children left, even the boys," she says. "They worked at home."

More than any other aspect of the CEMs, the Mondaña secondary school is a model of creativity and innovation. For four days each month, groups of students travel to Mondaña to work with five instructors, who teach science, Spanish, math and practical courses, like carpentry or outboard motor repair. They live in simple dorms and eat meals prepared by community volunteers. To get them there, the school sends its 40-foot-long motorized dugout — an Amazon school bus — up and down the Napo. The rest of the month the students study at home, where they are supported by family and can help with chores.

With education, a better job

Arturo, who grew up near the Mondaña school, returned to work on his family's farm when he finished sixth grade at age 12. Now 19, he has started seventh grade. His fees are an affordable 15,000 sucres (US$6) per month. "The farm is hard work," he says. "An education will help me get a better job."

The Mondaña centre not only proves the networks can function in the Oriente, but it boasts one of the best-equipped infrastructures of all the CEMs. The principal school alone now has seven teachers, and the centre maintains two large canoes plus a solar-powered radio for emergencies and supply calls. In the future, says UNICEF's Mr. Rivera, each school should have its own radio.

At the moment, Mr. Rivera's hands are full. He recently gained government and UNICEF approval to build four more CEMs in the Amazon region.

"In many communities the parents of the families personally contributed materials and work to raise the buildings," he says. "This project is important as an example of cooperation."

Logan Ward is a freelance journalist based in the United States. He recently spent 18 months in Ecuador.

An uncertain future awaits Mozambique's land-mine victims

By Ruth Ansah Ayisi

Being asked what she wanted seemed like a magical question to 13-year-old Amelia Tivane, a patient in Maputo Central Hospital. She lifted her head expectantly, and her voice became shrill. "I want a big doll with lots of hair to plait and a pram to push her in," she announced.

The next day, she struggled to open parcels containing the doll and the pram. When she asked for help, Ismail Begos, an orthopaedic technician, opened them. After running her fingers down the doll's hair and body, Amelia embraced it with her one hand.

"My doll's name is Nina," she said emphatically. "It's the name of my older sister."

So distracted was Amelia by 'Nina' that she needed encouragement to get on with what has become her daily challenge: learning to walk on her prosthetic leg, navigating with a white stick held in her only hand.

Amelia fell victim to a land-mine in late 1994 while visiting in Moamba, about 70 kilometres north of Maputo. The blast blew out her eyes and resulted in the loss of her left leg below the knee and her left hand.

The nurses thought she would die when she was first brought to the hospital, which is Mozambique's largest and has a major orthopaedic centre catering to many land-mine victims. Amelia spent two months in intensive care.

"What's this? Help me," she said in Portuguese, tapping her stick impatiently. "Remove it for me." But Mr. Begos said with fatherly firmness, "You must find your way around it."

Amelia sighed. Using tiny steps and beating her stick frantically, she managed after a few minutes. Then she sat down on a brick, putting her scarred face in her hand. After a few minutes she got up and wandered around without direction, discovering the new world of a blind person. Mr. Begos left her to wander, keeping an eye on her from a distance.

Amelia's only visitor is a Dutch priest, who comes every weekend. Her parents were killed during the country's 16-year civil war. Since the accident, she has been unable to contact her nine brothers and sisters or her uncle, with whom she lived. Amelia also misses school, where she was in the third grade.

20 land-mine victims a month

Amelia is one of an estimated 20 people in Mozambique who step on a mine every month, according to Handicap International. But, as difficult as her life is, she is among the lucky ones. About 60 per cent of Mozambicans injured by land-mines die because of a lack of access to medical care. A study in Mozambique and Angola found that only 10-20 per cent of disabled children receive even low-cost prosthetic devices.

Worldwide, thousands of civilians are killed or maimed every month by anti-personnel land-mines, according to the NGO Human Rights Watch. Land-mines also cut off communities from assistance and development and prevent cultivation of large areas of land.

Estimates of the number of mines planted in Mozambique vary dramatically; some are as high as 2 million. No comprehensive mine maps were made during the civil war. In addition, mines remain from the country's 10-year war of independence from Portugal.

The painstaking task of de-mining Mozambique began just months after the civil war ended in October 1992. This year, a National Demining Commission was established. More than 1,000 Mozambicans — many of them demobilized soldiers — have been trained in decommissioning land-mines. But demining this vast, poor, sparsely populated country will take decades and will be very expensive.

A mine awareness campaign was also launched in 1992, aimed particularly at the estimated 6.7 million returning refugees and internally displaced people. This year, UNICEF and the UN High Commissioner for Refugees are funding Handicap International to coordinate the campaign.

"Land-mines will be a problem for another 50 years," said Carolina Toulemonde of Handicap International. "People are in the fields now. They need to know about the mines."

Learning about land-mines

The campaign spreads the word on radio and television in local languages as well as Portuguese, and messages also appear on posters and in books. The most important aim of the project is to incorporate land-mine education in school curricula and in the training of health and social workers.

The campaign will undoubtedly save lives and limbs, even though it is too late to prevent Amelia's injuries. With luck, she will get a spot in the country's primary school for the blind in Beira, 1,000 kilometres away, but if she doesn't, her future prospects are dim, despite her determination.

"Amelia is very smart and curious, and she learns quickly," said Leo Gasser, an orthopaedist from the International Committee for the Red Cross. "She is developing new senses. Sne has made a tremendous recovery. But she will have more problems than others because she is also blind and has only one hand. Her lively spirit is her blessing. But what does the future hold for her?"

The same question could be asked on behalf of all of Mozambique's citizens.

Ruth Ansah Ayisi is Information Officer for UNICEF in Mozambique.

UNICEF/95-0480/Ayisi

Amelia, 13, lost an arm and a leg, as well as her eyesight, in a land-mine explosion in Mozambique.

NEWS BRIEFS

Coming soon to rural areas: Wind-up radios

In many rural areas of developing countries, the tribal chief (or whatever title he or she goes by) is also the official news medium. When distances are vast and literacy rare, villagers often rely on the chief for all their news and guidance. With only one news source, propaganda can become entrenched and people's ability to assess information and make up their own minds limited.

But the lines of communication may be opened by the recent invention of a wind-up radio. The BayGen Clockwork Radio plays for 45 minutes with just a 20-second wind-up. Its generator has a life of 7,000 hours — three years of playing time at five hours a day.

The compact radio, invented by Trevor Baylis from the UK, features short wave, medium wave and FM bands. It costs about US$30 and was slated for mass production in September by its manufacturer, BayGen, a UK company.

More than 60,000 of the radios have been ordered by, among others, the Red Cross, for distribution in Rwanda and Burundi, and by the UN High Commissioner for Refugees. UNICEF is currently testing the radio in several African countries.

From a report in the Columbia Journalism Review.

'Western' culture brings Western health problems

Children in developing countries increasingly face Western-style health problems like those caused by tobacco and junk food, according to experts at a World Health Organization (WHO) conference in September.

"In urban areas we are getting the problems of the West — drugs, sexual experimentation and fast food like chocolate and soda," said Indu Capoor, a health activist from India. He said adolescent problems in India, including depression and suicide, have accelerated in the past two years with the arrival of MTV and other satellite stations that spread Western culture.

Experts said that foreign television was bringing foreign problems elsewhere as well. "We are seeing that kids are copying what they see on television in terms of violence, drug abuse and sexual experimentation," said Dr. David Nyamwaya of the African Medical and Research Foundation in Kenya.

In developing countries, tobacco-related deaths are likely to increase greatly because of a growing number of young smokers, WHO reported, adding that too little is being done in schools to counter the lure of glamorous tobacco advertising.

Sexually transmitted diseases like herpes, chlamydia and AIDS are spreading rapidly throughout the world. Of the 6,000 people infected each day with HIV, more than half are adolescents, according to WHO.

Adapted from a New York Times *report.*

Ethiopia's holy mission

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grim statistics of Ethiopian childhood.

"We knew that ORT use along with proper feeding could save up to 90 per cent of the estimated 184,000 young lives lost to diarrhoea each year," says Dr. Wondimagegnehu Alemu, the UNICEF ORT project officer in Addis Ababa, "but less than half of all Ethiopians have access to basic health services. With limited resources available to improve the health infrastructure quickly, there was no doubt we had to find allies in addition to the health service sector if we were going to make progress."

A broad ORT alliance

This new strategy has resulted in a broad alliance in ORT promotion. In addition to the EOTC, partners in the religious community include the Islamic Affairs Supreme Council, the Mekane Yesus Evangelical Church, the Ethiopian Evangelical Churches Unions Fellowship and the Ethiopian Catholic Church. Together, these represent over 90 per cent of Ethiopia's population.

The religious community has strongly and vocally declared its support of this life-saving campaign, from the EOTC's Patriarch, who promoted ORT in his Christmas benediction, to the Imam of the Grand Mosque of Addis Ababa, who included an ORT message in his sermon on Id al-Fitr (Islamic Feast Day).

At a recent high-level EOTC meeting, the church hierarchy promised that, at a minimum, each clergyman would promote ORT use to one family per year. With 400,000 EOTC clergymen, some of whom are located in remote areas of the country, the potential impact on controlling diarrhoeal diseases is tremendous.

"We have already started to see the impact of initial ORT promotion workshops," says Deacon Geremew Shewaye, programme officer of the Child and Family Affairs Department in the EOTC. "With the support of UNICEF and the Ministry of Health, we are now planning to expand our training at the local level and to institute refresher programmes to sustain the progress we have made."

Other more traditional partners have also joined the Ethiopian ORT promotion campaign, including professional associations of health assistants, nurses, physicians, public health officers and pharmacists, along with more than 100 national and international NGOs.

Special promotions have been mounted in several Ethiopian cities during 'ORT Weeks', which have been marked by rallies, radio and television broadcasts, competitions and print materials.

"If we are going to win this battle," says UNICEF's Dr. Alemu, "we cannot afford to overlook any allies or activities." The children of Ethiopia will be the winners in this battle, and already their future is starting to look brighter.

Hadera Tesfay is a freelance journalist based in Addis Ababa. Cheryl Gregory Faye is Information and Communication Officer for UNICEF Ethiopia.

Beijing

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UNICEF/95-0587/Hayes

The participation of young people at the Fourth World Conference on Women broke all records for international conferences. More than 4,500 youths attended the NGO Forum and 84 served on national delegations from 65 countries.

At both the Conference and the NGO Forum, women who have led remarkably different lives came together from around the globe to share their experiences and fight for change. Their differences were sometimes startling, but the women were joined by those threads that bind all women together: the universal struggle for equal rights.

Their rallying cries began at the 10-day NGO Forum, which started five days before the Conference (*see article, p. 13*). At the official Conference, the spotlight on girls grew strong during a number of UNICEF-supported special events, including a Day of Girls, Literacy Day and Youth Day.

"We've had a raw deal," said Specioza Wandira Kazibwe, Uganda's Vice-President, speaking at the Day of Girls. "Let's not forget the aspirations we had when we were growing up and how many of us failed to achieve what we could have. We must plan for our future and make sure that girls grow up wanting to be the best."

The key: Education

Recognized as the key to development, education was a recurring theme throughout the Conference, and almost every government stressed the importance of educating girls.

"Education is empowerment, liberation, and it gives everybody the capacity to make decisions for themselves," said Federico Mayor, Director-General of UNESCO, on International Literacy Day.

In her address, UNICEF Executive Director Carol Bellamy called education an urgent development priority. "Education is a lifeline to a girl's future; a girl in school is a lifeline to development," said Ms. Bellamy.

Violence against women — barely mentioned during the last international women's conference, 10 years ago in Nairobi — at this meeting was an issue that cut across cultural and geographic boundaries. The Conference highlighted all types of violence against women and the fact that laws in many countries offer only limited protection.

The Platform for Action

After 10 days of wrangling, gruelling debate and key compromises on language, delegates from all regions of the world reached a consensus. They removed the many brackets from the draft text and adopted unanimously the Beijing Declaration and Platform for Action — an agenda addressing women's issues into the next century.

Building on the accomplishments of previous women's conferences, the Platform seeks to hasten the removal of obstacles to women's full and equal participation in all spheres of life, to protect women's human rights and to integrate their concerns into all aspects of sustainable development. It identifies strategic objectives and actions in 12 critical areas of concern, among them the persistent discrimination against and violation of the rights of the girl child.

"We believe that (the Platform) recognizes that girls are beginning women," said Ms. Bellamy at a press conference. "It recognizes that girls have needs that must be addressed and that they must remain a priority."

Acknowledging the need to protect girls against all forms of discrimination, the Platform also calls for action to protect them from harmful traditional practices such as female genital mutilation, sexual and economic exploitation, paedophilia, forced prostitution, incest and early marriage.

Education, also identified as a critical area of concern, is recognized as an essential tool for achieving the goals of full equality, development and peace. The Platform puts forth time-bound targets for governments to ensure universal access to basic education (year 2000), to closing the gender gap in primary and secondary school (2005), and to universal primary education (2015). It also urges multilateral development organizations, bilateral donors and foundations to increase funding levels for education in structural adjustment and economic recovery programmes.

Among the most contentious issues of the Conference was that of balancing child and parental rights. In the end, negotiators agreed that "in all matters relating to children, the best interests of the child shall be a primary consideration." The text recognizes the "responsibilities, rights and duties of parents to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance." But it also recognizes the rights of the child to access to information, privacy, confidentiality, respect and informed consent.

The Platform also urges all States that have not ratified or signed the Convention on the Rights of the Child to take urgent measures towards doing so before the end of 1995. It also urges all States that have ratified the Convention to ensure its full implementation through the adoption of all legislative, administrative and other measures.

Conference of commitments

While the Platform for Action is a non-binding document, it outlines actions to be taken by everyone from governments, donors and international financial institutions, to the media and academic institutions. The Platform calls for governments to develop implementation strategies by the end of 1996, with time-bound targets and monitoring benchmarks.

A number of international organizations made commitments aimed towards advancing women by meeting the needs of girls. In her address, Ms. Bellamy announced that UNICEF, by the end of this decade, will have doubled its resources for education, giving special attention to girls' schooling.

World Bank President James Wolfensohn announced that the International Development Association, the Bank's interest-free lending arm for development projects in the poorest nations, would increase its annual educational lending by 20 per cent over the next five years, contingent upon replenishment of its funds. Of the US$2.5 billion that would provide, he said, US$1.5 billion annually would go to primary and secondary education, and 60 per cent of that amount (about US$900 million per year) would be devoted to girls' education.

Most States remained vague about what differences the Conference will make in their policies and practices, although some committed themselves to reorienting them to improve the status of women. And, with domestic budgets shrinking in many countries, the Conference failed to win sizeable financial commitments from governments to pay for new programmes for women and girls. Among those that did make commitments were Nepal, which pledged to halve maternal mortality by the end of the decade, and Tanzania, which promised to halve female illiteracy within the same period.

Governments will be responsible for implementing the Platform, but the NGOs will hold them to their promises and monitor their progress.

In a message to the Conference delivered by Special Representative Ismat Kittani, United Nations Secretary-General Boutros Boutros-Ghali called the NGO participation a demonstration of "the new partnership in international life which has been forged between governmental and non-governmental organizations."

Said Gertrude Mongella, Secretary-General of the Conference, on the final day, "The Fourth World Conference on Women is concluded, but the real work of transforming words into actions is only now beginning. Let the spirit of organization and goal-setting which marked the preparatory phase of this Conference become the energy to propel implementation. Let the diversities of women now be channelled into making women, indeed, the greatest multipliers of prosperity rather than the greatest victims of poverty."

Alexia Lewnes is a consultant writer for UNICEF.

Nicaraguan children learn about rights

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"These workshops foster in the young children a sense of brotherhood and solidarity."

The Children's Movement has also affected several decisions made by municipal authorities. After the children had pointed out on several occasions the serious health threat posed by the lack of latrines, the municipal government sought the necessary funds and built 120 latrines within the town and 140 in the surrounding localities. The Movement was also responsible for the inclusion of a project to build a new school in one of the 13 localities in a plan of emergency social investments.

People are sensitized

"Our main achievement has been that the majority of the population has been sensitized," says Juanita. "The children have told their experiences to their parents, and their parents have given them their support."

One of the goals of the Children's Movement for 1995 is to enrol all the working children of San Ramón, numbering about 50. Another goal is to move to adequate facilities where the group can continue offering its workshops. In the long term, though, the measure of the Movement's success will be in the number, strength and confidence of its members throughout Nicaragua.

Guillermo Cortés Domínguez is a freelance journalist in Nicaragua.

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Beyond ratification: Implementing the Convention

Convention on the Rights of the Child ratified: 1990

Indonesia: Withdrawal of reservations

Underscoring its efforts to harmonize national legislation with the Convention, the Indonesian Government announced during its September 1994 presentation to the Committee on the Rights of the Child its decision to partially withdraw the reservation it made when ratifying the Convention. The parts to be withdrawn address the definition of a child (article 1); freedom of thought, conscience and religion (art. 14); protection of privacy (art. 16); and purpose of education (art. 29). Committee members were also told that Indonesia planned to withdraw the remaining parts of the reservation, which address access to information (art. 17), adoption (art. 21) and refugee children (art. 22).

Recent actions in support of child rights:

• Integrating child rights into development programmes.For the first time, children and adolescents have been included as a separate chapter in the basic guidelines of the State Policy and the sixth Five-Year Development Plan. As a result, government operational departments (such as health, social affairs and education) are obliged to incorporate child and adolescent issues and activities into their programmes.

• National Committee on Children to be established.

A Presidential Decree is expected in the next few months establishing a National Committee on Children to monitor and advocate for child rights. The Committee will be comprised of representatives from the Government, NGOs, the private sector and the media.

• Strengthening child-related legislation.

The Government is working to strengthen existing legislation in support of children's health, education and social welfare, including the 1948/1951 child labour laws and the 1979 child welfare law.

• Participation in regional child rights consultation.

Officials of several ministries (People's Welfare, Supreme Court, Foreign Affairs, Justice and Social Affairs) as well as other Government departments participated in the regional Consultative Meeting on the Convention held in Hanoi in March 1995. The meeting addressed ways of ensuring that the best interests of the child are protected in the justice system. The meeting supported the development of a plan of action for implementing the Convention by the end of 1995.

• Developing a plan of action for human rights.

In October 1994, in follow-up to the National Workshop on Human Rights organized by the Ministry of Foreign Affairs, the UN Commission on Human Rights and UNICEF, the Government signed a Memorandum of Understanding with the UN Centre for Human Rights to develop a human rights plan of action, to be finalized by the end of 1995.

UNICEF/1449/Sprague

• Increasing budget allocations for children.

Despite falling oil prices and cuts in the development budget in the 1980s, the Government has maintained improvements in health services and, with ratification of the Convention, continues to give high priority to children's health. National immunization weeks (budgeted at US$24 million) are currently under way, and health centres or mobile health posts now cover all 68,000 villages in the country, in fulfilment of article 4 (pledging economic, social and cultural rights).

Convention on the Rights of the Child ratified: 1990

Nicaragua: Caring for children despite debt

UNICEF/93-1185/Horner

After years of civil conflict, economic sanctions and natural disasters, Nicaragua is putting its resources into economic revival, strengthening democracy and overcoming the poverty that afflicts the majority of its people. The World Bank estimates that Nicaragua may be the most highly indebted country in the world, with a total external debt of US$10.8 billion. Despite advances made by the Government, a great deal remains to be done to elevate the best interests of Nicaragua's children, particularly actions requiring legislative reform.

Recent actions in support of child rights:

• Commission established to promote child rights.

To ensure implementation of the Convention and achievement of the World Summit goals, in 1994 President Violeta Barrios de Chamorro established the National Committee for the Promotion and Defence of Children's Rights. The Committee, chaired by the President, has representatives from government social sector agencies and the private sector. Current efforts are aimed at developing an administrative structure to ensure and monitor children's rights. The Committee is also cooperating with the Nicaraguan Coordinator of NGOs Working with Children, a group of 30 NGOs, in drafting a Child and Adolescent Code to bring national law into compliance with the Convention.

• Dissemination of report on implementation activities.

The Government's report on implementing the Convention, 'Children's Rights in Nicaragua: Progress and Difficulties', was submitted to the Committee on the Rights of the Child in 1994. At the same time, it was widely disseminated to the public, consistent with article 44 of the Convention.

In May 1995, during discussion of the report, the Committee expressed deep concern over the impact of structural adjustment policies on children's health and education and the high rate of maternal mortality among girls as young as 10 years in rural areas. Committee members also highlighted the need to address child labour, juvenile justice, sexual abuse and teen pregnancy. The Government and NGOs are working on remedial solutions.

• Campaign for sex education.

With illegal abortion a major cause of maternal death in Nicaragua, especially among young girls who suffer high rates of early pregnancy, the Government launched a sex education campaign with the help of NGOs to acquaint children with their rights and responsibilities as parents. The campaign also addresses the issue of AIDS and raises awareness as to how to prevent HIV transmission. As part of this campaign, condoms are distributed free of charge.

• Strengthening birth registration.

Registration of children's births and deaths, particularly in rural areas, is a problem due to the costs involved and the distances villagers have to travel, but without a birth certificate it is difficult for children to register for school and, later on, to qualify for loans. The Government is strengthening local capacity to handle vital statistics, and the census currently being prepared is an important step to address this issue.

Convention on the Rights of the Child ratified: 1990

Romania: Addressing inter-country adoptions

Romania is suffering from the impact of structural, economic and social reforms resulting from the transition towards a market economy.

Household incomes are declining (more than two thirds of children live in poverty) and unemployment, currently at 10.8 per cent, is growing. Of the total unemployed, 60 per cent are women. Social safety nets are not sufficient to meet minimum basic needs and rights, a situation that makes implementing the Convention a real challenge for the Government.

Additional problems are inter-country adoptions that violate international norms, increasing numbers of street/working children and an alarming number of juvenile offenders, a result of a breakdown of the family, which also makes children vulnerable to substance and sexual abuse.

In 1994, the Committee on the Rights of the Child reviewed the Government's report on Convention implementation. The Government was represented by the National Committee for Child Protection, an interministerial body that coordinates formulation of child protection policy. The Committee concluded that more remained to be done to make existing Romanian laws comply with the Convention, especially in relation to inter-country adoptions, juvenile justice and child labour.

UNICEF/Noel Hanley

Recent actions in support of child rights:

• Addressing inter-country adoptions.

After reviewing the country's report on implemention, the Committee on the Rights of the Child recommended that national laws be amended to prevent inter-country adoptions that violate the spirit of the Convention and the Hague Convention on Inter-Country Adoptions.

In February 1995, Romania's Parliament ratified the Hague Convention and approved amendments to the national adoption law. Under the amended law, the Romanian Committee on Adoptions, a government body chaired by the Ministry of Health, controls inter-country adoptions; 'private' adoptions arranged outside this Committee are now illegal.

• Guidelines for improving Convention implementation.

The National Committee for Child Protection and Romanian Save the Children organized a national conference in 1994 to discuss steps aimed at better monitoring of the Convention. A total of 200 representatives from local and national government and NGOs adopted guidelines to protect children from the effects of economic transition, strengthen coordination between the National Committee for Child Protection and NGOs, and improve protection of children in especially difficult circumstances.

• Incorporating the Convention into judges' training.

In October 1994, the National Institute for Magistrates, which prepares law graduates to work as judges, started a programme to integrate child rights and Convention principles into a one-year training course. The programme will help officials deal with cases of juvenile delinquency and child abuse. During 1994-1995 eight sessions were devoted to child rights.

• Shaping new policies for children.

Since September 1994, the Government has been implementing a three-year Childhood Protection Programme with assistance from the European Union. The programme aims to develop a new policy and legal framework for child protection based on international conventions, especially the Convention on the Rights of the Child. It also aims to propose reforms for the child protection system. Proposals for new legislation will be made by a task force organized by the Government; UNICEF will participate in the task force advisory group.

UNICEF/95-0592/Hayes

Women applaud a speaker at the 1995 NGO Forum in Beijing, where 25,000 participants pressed for women's rights and advancement.

Beijing NGO Forum:

Nothing medium about the message

By Sara Ann Friedman

Make no mistake, there is a global movement of women, perhaps even a tidal wave. If doubts remain, let them be put to rest by the sprawling, obstacle-laden NGO Forum held in Huairou (China) from 31 August to 8 September 1995. In size, scope and spirit, this event, which paralleled and complemented the Fourth World Conference on Women in Beijing (*see article, p. 1*) was unmatched in the history of the United Nations. It was also — despite the gloomy forecasts, bad press and logistical problems — a huge success.

Speaking in powerful voices for themselves and for the millions of women who could not attend, the 25,000 participants, mostly women, resounded all the way across the 60 kilometres to Beijing. Repeatedly in song, speech and action, the participants declared, in the words of the women's movement song, "We are never turning back." And they did not — not from Nairobi (the 1985 UN Conference on Women), not from Vienna (the 1993 World Conference on Human Rights) and not from Cairo (the 1994 International Conference on Population and Development).

Dizzying array of workshops

What made the NGO Forum a success is not easy to pin down. There was no written platform for action, central strategy or theme, and the Forum ended without an official concluding statement. Weather, logistics and politics conspired from the start to isolate women from each other and from the main Conference. And the dizzying array of 300 daily workshops and hundreds of impromptu meetings stretched the patience and the sanity of participants to their outer limits.

But NGOs did what they do best. Tenacious and flexible, they griped, overcame and transformed potential disaster into a spontaneous happening with a purpose. They made tents from umbrellas, and when leaders didn't show up, they ran their own workshops.

While the Forum and the Conference addressed essentially the same issues, the style and approach of the two events were as different as night and day. They reflected the historic differences and tensions between grass-roots organizations and governments, between NGOs and the UN.

The Forum sent a message that the global women's movement is not dominated by Western women imposing anti-family ideals on the world.

As delegates in Beijing politely debated Platform language, NGOs poured their political energy into dialogue, demonstration, dance and song. They plastered the walls with signs and posters and paraded through the vast area carrying colourful hand-sewn banners and giant patchworked ribbons. They marched to different drums demonstrating for and against everything from violence in former Yugoslavia and East Timor to the invasion of Ronald McDonald and his hamburger stand in the middle of the 70-acre Forum site. They participated in more than 175 cultural events (planned and unplanned) that celebrated women, named names and enacted stories of violence against women around the world.

The number of workshops also sent a clear message that feminism is not a single-issue monolith. Women came together to confront both old issues and many new ones: military and domestic violence, poverty, women's health, reproductive rights and young women, the media, AIDS, the environment, education, female genital mutilation, the rising tide of conservatism and trafficking in women and girls.

Participants learned about the plight of Tibetan exiles and Iranian refugees, the social and legal isolation of prostitutes, how to sensitize boys and girls to gender equality, the impact of violence against women and the economic value of unwaged work, measured at US$11 trillion a year, according to the 1995 *Human Development Report* by the United Nations Development Programme.

Women told their own stories and exchanged ideas, information and business cards — one Palestinian NGO collected more than 300. In a workshop on conflict resolution, women from former Yugoslavia and the Horn of Africa strategized about how to take over the reins of peacemaking. An international tribunal presented 22 cases of human rights violations and called on the United Nations to protect women's rights.

Never underestimate the power of 25,000 women connecting to one another. At the Forum, those connections also blurred regional differences and linked diverse issues. Born only in 1993 in Vienna, the notion that women's rights are human rights held fast, and many diverse issues came together on a personal and political level.

The Ugandan schoolgirl kidnapped and enslaved by the military; the young unmarried woman from Colombia jailed and sterilized for the 'crime' of getting pregnant; the 14-year-old lesbian from the US institutionalized by her family under the official medical diagnosis of 'gender confusion'; and the

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Bringing fathers into the heart of families

By Gordon Klopf

As the role of the family changes and is debated worldwide, policy and programme discussion keep pace among NGOs and other members of civil society.

Despite cultural variations, the impact of war, rising poverty, divorce, evolving gender roles and other manifestations of a changing global economic and social environment have wreaked havoc on traditional family structures, nuclear and extended families alike. Harsh economic realities and the loss of job opportunities, coupled with the sharp rise in single-parent families headed by women, have resulted in peripheral or non-existent family roles for fathers, some of whom have abandoned their responsibilities as providers or caretakers.

Studies and programmes in both the North and the South have demonstrated the widespread concern for this growing problem and the diversity of solutions possible. For example, a 1994 study in Barbados revealed that close, ongoing relationships with fathers improve children's school work and behaviour. In Guatemala, researchers found a relationship between a father's contribution to family income and a child's nutritional status.

Men teaching preschoolers

In Peru's Andean region, men are teaching in a preschool where formerly only women taught. The Colombian Institute for Family Welfare has developed a fathering project called 'Paternar' that helps men to recognize and assume their responsibilities in their children's development. In Italy, a government agency sponsored a meeting to encourage men to participate more in caring for and raising children.

In the United States, the Young Women's Christian Association (YWCA) has been running family life education programmes for teenage parents of both genders for over a decade. And the American Association of Retired Persons has a large programme for grandfathers that provides materials, training, call-in assistance and other services.

Educational and religious institutions and the media have paid close attention to the changing roles of men in families. The University of the West Indies is conducting studies and cooperative projects with community groups such as Fathers Incorporated and Parenting Partners, which hold training workshops and publish informative materials for fathers and prospective fathers. The Latin American Council of Bishops has produced a radio theatre series, 'El Mejor de Nosotros' (the best of us), which encourages men to think about

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Fathers

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what it means to be a good father and to recognize that children are not solely the responsibility of women. *The Coordinator's Notebook*, a biannual international publication on childhood development, devoted its entire July-December 1994 issue to the subject of men in the lives of children. Popular media in Europe and the U.S. report regularly on the changing father role, and an increasing number of television programmes portray the nurturing, caring father — an improvement over the inept bumbler of the past.

In the last few years, UNICEF has paid close attention to the role of men in the lives of children in its programmes and publications and by organizing an international conference on the subject in Jamaica in May 1995. Among UNICEF's programmes, the Middle East and North Africa (MENA) Regional Office has developed a series of videotapes that focuses on the first three years of life and demystifies child development, helping both parents become more comfortable with young children.

These efforts are a good beginning. They reflect the realities of economic, political and social change, and a growing knowledge of how beneficial it is for children to have relationships with fathers as well as mothers. These efforts also reflect the power of the global women's movement, which is encouraging men to change their image of themselves and their relationship to the family. When women demand equality at home, they mean it to include sharing parental responsibility as well as household chores. This change requires new attitudes and new behaviours: nurturing that may complement or replace encouragement of physical prowess; sensitivity as a companion to competition; respect and affection for both daughters and sons.

UNICEF/93-0005/Tolmie

A father cuddles his newborn at a Bogota maternity hospital.

The breakdown of traditional values and family structures may be painful, though it is not always regrettable. Social upheaval may be temporarily destabilizing, but it often brings positive change. As women's entry into the 'male' world of political and economic power offers them growth opportunities, the broadening of a family role can be equally empowering for men — brothers, cousins, uncles, grandfathers, teachers, neighbours and community and religious leaders, as well as fathers.

Complementary roles

Accepting a wide range of what constitutes 'maleness' and 'femaleness' allows us to see men's and women's roles as complementary, rather than masculine or feminine. But old attitudes die hard, none harder than notions of what is incontrovertibly male or female. And despite dramatically changing realities, traditional — often stereotyped — sex roles continue to underpin almost every society in the world. Fear of relinquishing the familiar and reluctance to renounce the status quo are powerful inhibitors of social progress.

The challenge for NGOs remains daunting. But they can help this transformation occur through small persistent steps, developing new programmes and incorporating new ideas into old programmes. NGOs that work in education have a tremendous opportunity to help boys and girls expand their reality of what it means to be a father, brother or grandfather. For instance, parenting classes can be offered for both genders in high school, and preschool programmes can encourage girls and boys to assume non-traditional roles in play and stories in the classroom.

Through workshops, training, school projects and programmes modelled on baby-friendly hospitals, men could be encouraged to participate in the birth of their children. NGOs can further advance the role of new fathers, helping them to feel comfortable with infants and small children. As women gain confidence in other areas, NGOs can help them to loosen their hold on stereotyped roles in which they feel comfortable and powerful within a limited sphere. Essential to any of these steps is for NGOs to inform and pressure the media to include more references to men in nurturing roles with children.

If the family is to be saved, its definition must be broadened. As members of civil society, NGOs are close to family and to women and men as individuals. NGOs are well positioned to help create more meaningful roles for men in the lives of children.

Gordon Klopf is former Dean of the Bank Street College of Education and a Board member of the NGO Committee on UNICEF.

NGO Forum

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Tanzanian single mother of five, a poultry farmer, who lost her loans and source of income because of structural adjustment programmes — each of them could be any woman from anywhere.

"The clothing, culture and languages may be different," observed Mme Dang Bich Ha, a leader of the Vietnamese delegation, after attending many workshops. "But the pain and the joy are the same."

New directions

Men were not the enemy at the NGO Forum. In fact, the spirit of cooperation was evident throughout the Forum in many references and workshops that addressed gender partnerships and evolving gender roles. Participants' most consistent focus of criticism was, rather, globalization of the economy and the system that produces and perpetuates militarism and poverty through control of finance, credit and communications. Speaker after speaker brought attention to transnational corporations, the General Agreement on Tariffs and Trade (GATT), the North American Free Trade Agreement (NAFTA), structural adjustment, the International Monetary Fund (IMF) and the World Bank (which also made a substantial donation to the Forum) for their concentration and abuse of power.

As Western reporters were busy berating Chinese press censorship, plenary speakers and others pointed to the Western media's selective coverage of the Forum as a prime example of its absolute control of 70 per cent of the world's information. The air waves, like the air, belong to the people, they said. Like any other right, the right to communication is apparently not a given; it must be repossessed. All NGOs should be media strategists, speakers urged, making sure that getting their message out is intrinsic to any programme effort.

Thanks to a ground swell of concern and two years of lobbying by UNICEF and vast numbers of NGOs, especially in Africa and South Asia, the girl child was not only visible but prominent on the agenda. The multiple forms of discrimination and the obstacles she faces were the subject of more than 50 workshops at the Forum and a full-day 'speakout' by the girls themselves. These very young women, 10 to 18 years old, talked clearly and movingly about the heavy workload and the lack of respect from teachers and even parents that keep them out of school. They also described the need for sex education to prevent unwanted pregnancies.

Delegates at the official Conference incorporated specific and separate references to girls in every relevant section of the Platform for Action, including health and nutrition, education and violence. Topics needing particular attention were identified in the Platform as 'critical areas of concern', and the girl child is Critical Area of Concern #12.

The Forum also sent a message that the global women's movement is not dominated by Western women imposing radical, anti-family ideas on the rest of the world. It was the regional voices of Latin America, Asia and especially Africa that commanded attention throughout the Forum. The crowded African tent was packed daily with an explosion of bold prints and bold voices demanding change, building networks and developing strategies to combat the multiple problems that plague the continent's 46 countries: poverty and structural adjustment, women's access to economic and political power, peace, women and children in armed conflict, violence against women, environment, food security, health, women and the media, and discrimination against the girl child — to name only a few.

UNICEF-93-0406/Hayes

A woman smiles as she listens to a speaker at the NGO Forum of the Fourth World Conference on Women in Beijing.

The enormous role played by NGOs in drafting the final Platform for Action at the official Conference was, of course, central to its success. But the real impact of the Forum emerged from many so-called intangibles: dialogue, determination, energy and the building of a global network. The North-South divide was bridged as women from industrialized countries criticized environmental waste in their own regions and supported economic reform to end poverty in the developing world. The seeds for future action were planted in Huairou, and what NGOs took home with them will multiply fruitfully.

"Huairou has made me stop worrying about the Platform," said Lael Stegall, a workshop leader and a director of Social Change International, a US-based NGO. "It's made me go back to thinking about violence against women and the economics of war that is killing people; about who has the money and what we can do about it. We have to crash into the centre of the system and translate our anger into political power; we have to gain access to economic resources and the media."

The last quarter century has witnessed a huge increase of influence by NGOs, both at international conferences and in their countries, and a steady raising of the stakes. If the Conference delegates have produced a document that pledges to ensure women's equal participation in economic, political and social spheres, it is the NGOs who played a key role in making that document see the light of day. It is also the NGOs who will have to hold the governments accountable for turning their words into deeds.

NGOs will have to do their own daunting work: raise awareness; initiate and implement legislation, policies and programmes; chip away at changing the image of women and girls; build coalitions; and use technology to gain political and economic power. They will also have to hold their own convictions to the fire by mobilizing grass-roots groups to act on their own behalf and ensure that the people they serve are constituents, not beneficiaries. Are NGOs up to the task? If Forum '95 is any evidence, the answer is a resounding "Yes."

Sara Ann Friedman is Editor of **NGO Action for Children.**

Exercising the right to play in Argentina

By Valeria Belloro

"States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child...."

— Article 31, Convention on the Rights of the Child

"States Parties shall take all appropriate...measures to protect the child from all forms of...injury or abuse...."

— Article 19, Convention on the Rights of the Child

In poor communities throughout the world, carefree, creative and spontaneous play is almost non-existent for children. With parents working long hours away from home and children needed for work or domestic duties or simply left untended by overburdened parents, play may seem more like an expensive luxury than a right or a necessary part of a child's development.

But the right to play is pledged in the Convention, as is the right to protection from injury and abuse.

In Argentina as elsewhere in Latin America, the muddy streets of city slums are crowded with unsupervised children who use garbage for their games and often find themselves in dangerous situations. Following several accidents in which children were killed while playing with their parents' weapons, the issue of child care in slum areas has found new prominence on Argentina's public agenda.

Experts say violence among young children and teenagers in poor neighbourhoods is increasing due to early exposure to weapons, domestic violence and lack of recreational facilities. Most of the accidents occur at home and those involving weapons are most frequent.

At a workshop on child rights held in Buenos Aires in the summer of 1994, the Centre for Study and Research on Children, an NGO, reported that many children knew there was a weapon in their home and where it was kept.

This growing public attention has led to action in the Buenos Aires neighbourhood of La Matanza. There, a group of NGOs has created a model programme of 'solidarity homes' where working parents can leave their young children to play with other preschoolers under the watchful eye of a responsible adult.

Currently La Matanza has three solidarity homes, which provide free child care for a total of 50 young children from 8 a.m. to 4 p.m. The children are supervised by a neighbourhood mother who has been selected by other parents. In training provided by the Committee in Defense of Health, Ethics and Human Rights, the NGO that initiated the project, the mothers learned about child development and how to identify malnutrition and other health problems.

Through play, children learn to incorporate themselves into the adult world and develop physical, verbal and intellectual skills, said Adrian Rozengardt, a teacher and founding member of the Centre for Study and Research on Children. "Watching children at play is a way of determining what kind of society is raising them," she said. "When children play they recreate and reproduce reality."

Felipa is one of three mothers whose modest house has been transformed into a child-care centre where 15 children come to play every day. "The mothers are very happy," she said. "It is the only way they can go to work without worrying.

The children receive three meals a day, prepared by the mothers from food donated by the city government. And while tuition is free, parents are encouraged to contribute to the project in whatever way they can. Felipa said that the mother of one child donated scrap material and another made sweatshirts for all the children.

The model project has been supported by international NGOs like the Swiss Council of Churches, which paid for the training of supervisors. There is hope of expanding the project in the future.

Experts say the availability of safe places for children to play will make a difference in their lives. "The availability of play opportunities for marginalized children guarantees them a stake in life and is a way of keeping them alive, healthy and cheerful," according to a recent report by the Centre.

Valeria Belloro is a journalist with Women's Feature Service.

UNICEF 93-0880 Horner

Play brings children important skills: two boys enjoy a game of checkers at a UNICEF-assisted centre for street children.

NEWS BRIEFS

Group meets to promote end of vitamin A deficiency

'Virtual Elimination of Vitamin A Deficiency: Obstacles and Solutions for the Year 2000' is the theme of the XVII International Vitamin A Consultative Group (IVACG) Meeting, to be held in Guatemala City from 18 to 22 March 1996.

The programme will include talks and video presentations on a variety of subjects, including assessment of populations with and at risk for vitamin A deficiency; the biological significance of vitamin A deficiency and the newest research links between it and child health; and appropriate interventions, especially food-based approaches such as food fortification and supplementation.

The meeting will be co-sponsored by IVACG, which guides international activities for reducing vitamin A deficiency, and coordinated by the Instituto de Nutrición de Centro America y Panama (INCAP).

For further information contact: IVACG Secretariat, ILSI Research Foundation, 1126 16th Street N.W., Washington, D.C. 20036, USA. Tel: 202-659-9024 fax: 202-659-3616; email: OMNI@ILSI.ORG.

1995 IBBY-Asahi Award to Colombian NGO

The 1995 IBBY-Asahi Prize for Reading Promo was awarded to the NGO Fundalect (the Foundation for Reading Prom n) of Colombia in recognition of work to encourage reading amon ildren and young people.

The annua ize is conferred by the Internation oard of Books for Young Peopl r IBBY, and the *Asahi Shimbu* wspaper of Japan. The internatio jury granting the prize noted, "While most media reports dwell on drug cartels and violence in Colombia, Fundalectura's exemplary efforts on behalf of reading and literacy promotion are proof of positive developments in Colombia worthy of attention by the international public."

The main objective of Fundalectura, founded in 1990, is to make reading a daily activity for all people by increasing access to books and other materials and stressing the importance of reading in improving the quality of life.

The prize of 1 million Japanese yen (US$10,000) is given to encourage the winners to continue and develop their activities.

Listening to and learning from the poorest families

In Guatemala, a 32-year-old single mother lived with her five children in a one-room shack on the edge of a railroad track. When a fire destroyed the home and all the family's belongings, the woman built a new shelter across the tracks. She was then arrested for invasion of private property.

This story is one of five moving monographs about very poor families in Burkina Faso, Germany, Guatemala, Thailand and the United States published in a new book, *This is How We Live: Listening to the Poorest Families.*

The book shows the lives of those who live in deep and persistent poverty from their point of view. It underscores the importance of designing, implementing and evaluating successful programmes with the full participation of the poorest families themselves.

Each of the stories was written, in collaboration with the family, by a team of volunteers from the NGO Fourth World Movement. The stories are based on 20 years of daily records and interviews that have been read and edited by family members.

Although they differ in ethnic, geographic and religious background, these families have in common their hardship and their desire for respect and recognition of their efforts to keep their families together.

Copies of the 175-page book are US$12 and can be ordered from Fourth World Movement, 7600 Willow Hill Dr., Landover, MD 20785, USA. Tel: 301-336-9489; fax: 301-336-0092.

A dialogue on children's participation rights

A lively discussion among s, representatives from UNICEF and panelists from different disciplines led to a reaffirmation of support for the fundamental value of children's participation rights. Held at UNICEF House in November 1994 and sponsored by the Working Group on the Rights of the Child of the NGO Committee on UNICEF, the dialogue addressed participation rights as established in articles 12, 13 and 14 of the Convention on the Rights of the Child.

Participants discussed the difficulties inherent in implementing these rights because they lack the specificity of such rights as health, education and nutrition, and they can be easily misunderstood. The Working Group saw the dialogue as a step towards expanding the number of NGOs that will work to implement participation rights and to broaden the derstanding of how participation contributes to the development of children who are responsibly involved in their families and communities. The report of the dialogue was recently published.

In addition, the April 1994 issue of the Working Group's 4-page publication, 'Focus on Children: Fact Sheet 3', takes a close look at participation rights in the Convention. Asserting that the opinions of young people deserve a more central place in society, the Fact Sheet discusses the role of children and young people as agents of social change and the difficulty many adults have in listening to their opinions.

The fact sheet says: "...thoughtful judgements must be made towards achieving an appropriate balance of rights and the children's unique vulnerabilities; that is, between rights to information, expression, assembly, etc...and rights involving protection, physically, emotionally and developmentally."

For free copies of the report or 'Focus on Children: Fact Sheet 3', contact the Working Group on the Rights of the Child, UNICEF House, 3 UN Plaza, New York, NY 10017, USA. Tel: 212-326-7306; fax: 212-326-7260.

RESOURCES

UNICEF Publications
Available from UNICEF, Division of Information, 3 UN Plaza, New York, NY 10017, USA.

Available in English unless otherwise noted.

Education for girls: Lifeline to development. Leaflet promoting girls' education as an issue of human rights. Issued in English, Chinese, French and Spanish, 1995.

It takes two. Brochure on parenting that encourages greater participation of fathers in child care and support. Issued in English, French and Spanish, 1995.

Girls: Growing up equal. Fact sheet focusing on girls. Issued in English, French and Spanish, 1995.

A Grain of Salt: The way to free the world from iodine deficiency disorders. This brochure assesses progress made in reducing the impact of iodine deficiency disorders (IDD). Its aim is to raise awareness of IDD among the media, health care professionals, business leaders, lawmakers, educators and the general public. Issued in English, French and Spanish, 1995.

Improving the Quality of Life of Girls. A publication that discusses the major constraints that girls face and identifies existing policy and programme options for addressing them. English, US$11.95, 1995. For copies, please contact UNICEF RPPL DH-49B, 3 UN Plaza, New York, NY 10017, USA. Fax: (212) 755-1449.

First things first in child labour: Eliminating work detrimental to children, by A. Bequele and W.E. Myers, jointly published by UNICEF and the International Labour Organisation. This book, aimed at the general public as well as policy makers and child advocates, provides an overview of children in hazardous work and discusses preventive and rehabilitative approaches. The authors present numerous case examples from Brazil, India, Japan, the Philippines, Sri Lanka, Tanzania, Thailand and Zimbabwe. New York, 1995, 163 pages, US$16. For copies, please contact UNICEF RPPL DH-49B, 3 UN Plaza, New York, NY 10017, USA. Fax: (212) 755-1449.

Breaking through: TOSTAN's non-formal basic education in national languages in Senegal. This booklet, part of the ***'Education for All: Making it Work'*** series, is jointly published by UNESCO and UNICEF. It promotes and analyses successful basic education projects in developing countries. Copies are available in English and French from: UNESCO Basic Education Division, 7 Place de Fontenoy, 75352, Paris 07SP, France; or from the UNICEF Education Section, 3 UN Plaza, New York, NY 10017, USA. Fax: (212) 802-7149.

Study on the status of early childhood development in the Middle East and North Africa Region. This study contains profiles of early childhood education programmes in 18 countries in the region: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Palestine, Sudan, Syria, Tunisia, Turkey, United Arab Emirates and Yemen. Copies are available from the UNICEF Middle East and North Africa Regional Office, P.O. Box 811721, 11181 Amman, Jordan. Fax: (962-6) 640049/610570.

Innocenti Publication

Learning or Labouring? A Compilation of Key Texts on Child Work and Basic Education, edited by Judith Enew. This publication, the first in a new series entitled 'Innocenti Readings in Children's Rights', focuses on child work and basic education. It brings together readings from the large body of literature on children's issues that remain inaccessible to researchers outside Europe and North America. Available from the UNICEF International Child Development Centre, Spedale degli Innocenti, Piazza SS. Annunziata 12, 50122 Florence, Italy. Fax: (39-55) 244 817.

Other Publications

Women in Grassroots Communication: Effecting Global Social Change, by Pilar Riano. This book explores information and formal communication networks women use in their own communities to create avenues for democratic communication and foster social change. ISBN 0-8039-4906-5, US$23.95. Copies are available from the International Women's Tribune Centre, 777 UN Plaza, New York, NY 10017, USA. Fax: (212) 661-2704.

Women Empowering Communication, a Resource Book on Women and the Globalization of Media, by Margaret Gallagher and Lilia Quindoza-Santiago. The essays in this publication document media attitudes and practices that exclude, discount or demean women throughout the world. ISBN 971-91400-0-3, US$12.95. Copies are available from the International Women's Tribune Centre, 777 UN Plaza, New York, NY 10017, USA. Fax: (212) 661-2704.

The World's Women 1995: Trends and Statistics. Like *The World's Women 1990*, this second edition presents data on women worldwide on education, population, public life, health, child-bearing, work, media, violence against women, poverty, the environment, refugees and displaced persons and peace-keeping. It also describes the work that still needs to be done in gender statistics. The book was an official document of the Fourth World Conference on Women. New York, 1995, 188 pages, US$15.95. For copies, please contact UNICEF RPPL DH-49B, 3 UN Plaza, New York, NY 10017, USA. Fax: (212) 755-1449.

The Burden of Childhood: A Global Inquiry into the Status of Girls, by Meera Kuckrja Sohoni. The book examines the status of girls and demonstrates that acculturation and development processes favour boys over girls. The author argues that the key to women's development lies in the extent to which girls are protected, nurtured and empowered. It concludes with specific suggestions on how to incorporate girls into development strategies so as to ensure a more gender-equitable world. Available for US$19.95 in the USA and US$24.95 in other countries from Third Party Publishing Co., P.O. Box 13306, Montclair Station, Oakland, CA 94661-0306, USA. Fax:(510) 339-6729.

UNICEF Videos

Audiovisual materials are available from UNICEF Offices and National Committees. (Check with your local office for catalogues.)

Local Perspectives in Development is a package of two videos. One contains four stories on girl child issues from Kenya, Namibia, Nicaragua and Thailand, giving the community's point of view; the fourth story covers IDD in Viet Nam. Available in English only. The second video covers street girls in Mexico and Nicaragua and is available only in Spanish.

Afghanistan, A Forgotten War is a 10-minute co-production between UNICEF and the Italian television station RAI. It looks at how the forgotten war in Afghanistan is affecting efforts to build a future for children.

First Call for Children

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